



Rosalie K. Stahl Center

SUFFOLK UNIVERSITY

Office of University Communications RELEASE FORM

Name of Releasing Party: _____

Institution or Company (if applicable): _____

Mailing Address: _____ Phone Number: _____

Description of the Session: _____

Date of the Session: _____ Session Location: _____

1. I have participated in the photography/filming/videotaping/audio recording session (the "Session") described above and I hereby give to Suffolk University ("Suffolk") my permission to photograph, record, videotape, audiotape, or otherwise produce and reproduce the Session, and without limitation, my voice, image or likeness and/or use my name in any and all manner and media formats now in existence or later created (collectively the "Recordings"), including, by way of example, but not limitation, print, film, iTunes, YouTube, Facebook, audiotape, videotape, CD, DVD, television, radio, webcasts, and podcasts throughout the world in perpetuity for any lawful purposes, including, but not limited to archival, teaching, research, public service, publicity and institutional promotional campaigns, without any obligation to provide payment or royalties. I understand and acknowledge that Suffolk owns the copyright in the Recordings, and the Recordings may be edited in Suffolk's sole discretion

2. If I choose to make available any handout or supplementary materials, I further grant to Suffolk my permission to use, reproduce, transmit and distribute any such handout or supplementary materials (the "Supplementary Materials") in any and all manner and media formats now in existence or later created, which is my original creation and which I choose to make available as a supplement to the Session.

3. I release Suffolk University, its agents, employees, licensees, and assigns from and against any and all claims or any other causes of action arising out of production, distribution, broadcast or exhibition of the Works in any medium, including but not limited to the media listed above.

4. Subject to rights granted to Suffolk above, I retain all other rights to my work as presented in the Session and in the Supplementary Materials. I certify that the content of my work in the Session and in the Supplementary Materials do not infringe on any third party copyrighted material.

I have read and understand this document and I agree to the terms set forth in it.

Signature: _____

Date: _____

Please send copies of signed releases to the Office of University Communications

Originally Issued: 9/28/09