

Suffolk University Media Services
**Consent for Photography, Filming, Video/Audio Taping,
Televising, Digital Imaging & Webcasting & Distribution**

Name of Releasing Party: _____

Description of the Session: _____

Date: _____

Location: _____

1. I have participated as indicated in the above photography/filming/videotaping/audio taping session (the "Session") described above. In consideration of my appearance in the Session and without any further consideration from Suffolk University or any other person, I hereby give my permission for the use of my name, likeness and voice in connection with the photographs and or films and/or videotapes and/or audiotapes (hereinafter referred to as the "Works") produced at the Session in any and all manner and media throughout the world in perpetuity.

2. I agree that the Works may be edited in Suffolk University's sole discretion. I consent to the use of my name, likeness and voice as displayed in the Works and the distribution of the Works in any medium, whether now in existence or later created, including, by way of example but not limitation, print, film, audiotape, videotape, CD, DVD, MP3, television, radio, digital imaging, webcasts and podcasts, and in connection with any publicity and institutional promotional campaigns relating to the Works. I further 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.

Signature: _____

Address: _____

Date: _____