**Providence College
[name of office/department]
Authorization for Outside Entity to Record and Photograph, and Release Form**

I am a participant in [name the activity, e.g., class, workshop] taking place on the campus of Providence College on , which is hosted and sponsored by the College’s [name office/department]. The organization, [name organization, group, entity] [authorized or hired by] the College to [name the activity] has requested permission to take photographs of participants and film portions of the [activity] for their educational and/or promotional use [if a more specific use, describe it; e.g., to market the workshop to other universities and colleges]. Providence College has granted the requested permission on the condition that participants also grant permission.

By my signature below, I hereby irrevocably grant permission for my image, likeness, voice, and/or presentation on a photographic, video, audio, digital, or electronic medium (“the production”) to be recorded and used by [name recording/photographing/filming organization] for the purpose stated above. I understand that all original media remain the property of [name of organization]. I hereby waive any right to inspect or approve the production with respect to content, quality, or use, now or in the future, whether that use is known to me or unknown, and I waive any right to any compensation arising from or related to the educational and/or promotional use of said production.

I hereby agree to release and hold harmless Providence College, its employees, agents, officers, and assigns, from and against any claims, damages, or liability arising from or related to the process of recording and use of the production, including but not limited to any re-use, distortion, blurring, or alteration, either intentionally or otherwise, that may occur in production of the finished product. I release Providence College and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses.

I have read and fully understand the terms of this Release and voluntarily agree to these terms.

Printed Name: Date: Phone #:

Signature: Home Address:

City/State/Zip Code:

Parent/Guardian Signature:

 Signature needed only if Student is under age 18