



## Photo/Video Release Form

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I hereby grant Vermont State Colleges d/b/a Vermont State University ("Vermont State University") permission to use my likeness in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, **controlled by Vermont State University** in perpetuity, and for other use by the College. I will make no monetary or other claim against Vermont State University for the use of the photographs and/or video.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Organization Name (*if applicable*): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature, parent or guardian (*if under age 18*): \_\_\_\_\_