

Bates

MEDIA CONSENT FORM

I, _____, grant Bates College permission to record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium (collectively referred to as 'the recordings') at events to be held at Bates College on _____ . I acknowledge that all rights, title, and interest to the recordings will belong to Bates College.

The College may use my name in connection with these recordings. The College may also use, reproduce, exhibit or distribute in any medium (e.g. print publications, video, online) these recordings for any purpose that the College, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings will be placed in the Bates College Archives.

I also allow Bates College to publish the text and/or transcript of my remarks, to be delivered at Bates College on _____. Publication includes print publications, video, and online distribution.

Please enter your name, title and any appropriate credentials as you would like them to appear as associated with the recordings

Name _____ Title _____

Credentials (optional) _____

Signature

Date

Please return form to: Bates Communications and Marketing | 2 Andrews Rd. Lewiston, ME 04240 | Tel: 207-786-6330 | Email: communications@bates.edu