



## VIDEO RELEASE FORM

Videographer's Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Subject's Name(s) \_\_\_\_\_

Location \_\_\_\_\_

I hereby irrevocably consent to and authorize the use and reproduction by Eastern University of any and all photographs taken by me, for any purpose whatsoever.

The subjects of the photos have given their permission for the photo to be used for University purposes.

Photographer's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

If more than one subject:

Subject's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

Subject's Signature \_\_\_\_\_

Date \_\_\_\_\_