

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, videotapes, 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, videotapes and online distribution.

Signature

Date

Please return form to:

Bates College
Bates Communications Office
141 Nichols Street
Lewiston, ME 04240
tel: 207 - 786 - 6330
fax: 207-786-6484
email: communications@bates.edu