

PERSONAL RELEASE

Program Title

____/____/____
Program Date

(Conference, Series, Event, etc.)

To Whom It May Concern:

Believing that the program described above will be of educational, informational, or entertainment value to the public, I hereby irrevocably grant to Calvin College, its successors and assigns, the non-exclusive rights to: record my likeness and/or voice; incorporate the same into a recorded program; use or authorize the use of such program or any portion thereof; distribute such program; and use my name, likeness, voice, biographical and other information concerning me in connection therewith, including promotion in printed media.

Signature (of legal guardian if minor)

Printed Name

____/____/____
Date

Your Title (as it should appear in credits)

Organization

Address

City, State, Zip

Phone

E-mail

Return this form to: Calvin College A-V Dept. or Calvin Video Productions
Hiemenga Hall 226, 3201 Burton St. SE, Grand Rapids, MI 49546-4388