

WILLIAM PATERSON UNIVERSITY

LIVE IT. LEARN IT. 300 POMPTON ROAD • WAYNE, NEW JERSEY 07470

## **RELEASE FORM FOR PARTICIPANTS**

I, \_\_\_\_\_\_, hereby grant permission for William Paterson University (hereinafter "WPU") and/or any person(s) or entities authorized on WPU's behalf to record, tape, film, photograph, digitize, or otherwise capture and preserve in permanent form my name, likeness, biographical material, voice, and/or performance/display (hereinafter "Recording").

I grant permission for WPU to make copies in any form or media of the Recording made of me and described above, including digitized copies or written transcriptions. I further grant permission for WPU or any person or entity authorized by it, to edit or alter the Recording (hereinafter "Altered Recording") and to digitize, distribute, broadcast, publish, or transmit all or any portion of the Recording or the Altered Recording, in any form, via any means, in perpetuity, throughout the world. I understand that this Recording or Altered Recording will be used for non-profit, educational purposes in accordance with the mission of WPU.

I further give permission to WPU to authorize the NJVid statewide digital video portal to make full use of this Recording as specified in the terms in paragraph two above in order to provide non-commercial preservation and access to this Recording, in perpetuity, throughout the world.

I also release WPU and its officers, agents, faculty, and employees, including any person(s) or entities authorized by WPU, from any and all claims based on my performance or display in this Recording as defined in paragraph one or based on any use of my performance or display.

I certify that I am 18 years or older, and have read this release and consent form and understand all its terms.

Signature	_ Date
Name (Print)	
Address	
Phone Number	
Email	



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To be completed by parent or legal guardian if participant is under the age of 18:

I certify that the participant \_\_\_\_\_\_ is under 18 years of age and that I am the parent or legal guardian with the authority to sign the release and consent form. I have read this release and consent form and understand all its terms. I execute it voluntarily and with full knowledge of its significance on behalf of the participant \_\_\_\_\_.

Signature	_ Date
Signatory Name (Print)	
Participant's Name (Print)	
Signatory's Relation to Participant (Print)	
Signatory's Address	
Signatory's Phone Number	<u>-</u>
Signatory's Email	