

# DARTON COLLEGE CONSENT AND RELEASE FORM

I hereby authorize Darton College and its employees to photograph, record, tape, film or electronically capture in permanent form my name, likeness, image, voice, biographical and personal information, appearance and/or performance, and/or further to use and publish my writing(s) (Collectively "work"). I further grant Darton College full permission to edit my writings and the original footage, data, voice or images as shall be deemed necessary; that the work and my name may be used, published and distributed without remuneration to me in whole or in part for educational, instructional or promotional purposes in print or over open broadcast, cable, audio-visual, radio, closed-circuit exhibition, computer link, or other medium for college purposes as deemed appropriate by Darton College in perpetuity, throughout the world. For these purposes, I waive and relinquish my personal rights, privacy rights and rights under the Family Education Rights, Privacy Act and student records law of the state of Georgia. Said work and all components thereof shall become the sole property of Darton College and may be copyrighted in its own name or a name of its choosing.

I also release Darton College from any and all claims for libel, slander, invasion of privacy or other claims based on my appearance and/or performance or use of the recording of such and agree to hold Darton College harmless from any and all claims by the Third Parties, including any claim based on allegation of copyright infringement from my appearance and/or performance.

_____ Name (Please Print)	_____ Phone Number		
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Address/Apt. No.	City	State	Zip Code
_____ Signature of Participant		_____ Date	
_____ Signature of Witness			

## CONSENT

I represent that I am the parent or guardian of the above named minor and have authority to execute the release above. I hereby consent to the foregoing on behalf of the above named minor.

_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Witness	