SMITH COLLEGE

Events Management
Office of College Relations
Smith College
51 College Lane
Northampton, Massachusetts 01063
Tel: (413) 585-2669
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MEDIA CONSENT FORM

I, _____, grant Smith College and the Alumnae Association of Smith College permission to photograph and/or record my likeness and voice using video, audio, photographic, digital, electronic or any other medium (collectively referred to as 'the recordings') as part of my participation in [*name event or title of talk etc*] on [*date*] at [*location*]. I acknowledge that all rights, title and interest to the recordings will belong to Smith College.

The college and the AASC 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, video tapes, CD-ROM, on-line, podcasts, transcripts) 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 Smith College Archives.

_____
(Print Name)

_____
(Signature)

_____
(Date)

_____
(Requestor)

Please sign and return this form to:

Peg Pitzer, Director
Events Management Office
51 College Lane
Smith College
Northampton, MA 01063
413-585-2163 or 413-585-6990 (fax)