



Office of Summer Programs
30 Belmont Ave, Room 201
Northampton, Massachusetts 01063
T (413) 585-4455 F (413) 585-4344

MEDIA CONSENT FORM

I, _____, grant Smith College and the Office of Summer Programs at
[parent/guardian]
Smith College, permission to photograph and/or record my child _____, her
likeness, and her voice and voice using video, audio, photographic, digital, electronic or any other
medium (collectively referred to as 'the recordings') as part of her participation in the precollege
programs taking place July 9 – August 5, 2017. I acknowledge that all rights, title and interest to the
recordings will belong to Smith College.

The College and the Office of Summer Programs may 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 Smith 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 Student's Name)

(Student's Signature)

(Parent/Guardian's Signature)

(Date)

Please sign and return this form to:

Office of Summer Programs
Smith College
30 Belmont Ave, Room 201
Northampton, MA 01063
Fax: 413.585.4344
Email: summerprecollege@smith.edu