

**BRYN MAWR COLLEGE**

**RELEASE**

Name of Person Giving Release: \_\_\_\_\_

Releasee: Bryn Mawr College (“the College”), its agents and employees including Board of Trustees, Administration, Faculty and Staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against Releasee arising out of the photographing and/or filming and/or videotaping and/or recording of my image, likeness and voice (“the Footage”).

I also understand and warrant that it is Releasee’s intention that the Footage is being recorded solely to publicize the College, to recruit students to the College and/or to raise funds for the College.

I further agree that Releasee shall be permitted to transmit the Footage, and to allow third parties to transmit the Footage, anywhere in the world through all means and media, whether now known or developed after the date of this Release, including but not limited to broadcast, cable and satellite television, radio and the Internet.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release in consideration of the opportunity to participate in the creation of the Footage granted by Releasees, fully intending to be bound by it.

I further agree that this Release shall be construed in accordance with the Laws of the Commonwealth of Pennsylvania. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Binding: This release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of Releasee.

Signing: Before signing my name to this Release, I state that:

- 1) I have read it,
- 2) I understand it and know that I am giving up important rights,
- 3) I intend to be legally bound by it.

\_\_\_\_\_  
Signature (18 years of age or older)

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_\_

Please return this form by mail or fax to:  
Bryn Mawr College Office of Communications  
Dolwen House, Cambrian Row  
101 North Merion Avenue  
Bryn Mawr, PA 19010-2899  
610-526-6527 (phone)  
610-526-6525 (fax)