

Event Release Form

Event Title
Copyright Holder
Date
Place

I hereby authorize the recording of the above-mentioned event by film, video capture, audio capture, writing or by any other literal, electronic, photographic and phonographic means, and also the duplication of the material used in the event, and the reproduction of such records and copies by any means whatsoever; and I authorize the use of such records and copies by showing, screening, publication or otherwise presenting them, or such parts of them, by such medium or agency as the copyright holder (Carleton University) may in absolute discretion decide.

It is expressly understood that any such records or copies will be used by the copyright holder (Carleton University) for non-profit presentation and for the purposes of this authorization, non-profit presentation includes showing, screening, publication and releases or presentation as a public service by internet distribution, commercial broadcasting or publication.

I hereby donate my services for gratis in lieu of payment for involvement in this production and hereby relinquish any further claims.

Please Print Name
Mailing Address
Signature
Date