

RELEASE TO RECORD

I hereby consent to and authorize without compensation the video and/or audio recording of my presentation, lecture or interview by Whitworth University for the following use (please check all that apply):

- □ Classroom: Video and/or audio recordings may be used in classrooms or made available through Whitworth's intranet course management system for educational purposes.
- □ Internet: All or portions of the video and/or audio recording may be made available for download or streaming through Whitworth's website, social media, and other platforms (Apple Podcasts, SoundCloud, YouTube, etc.).
- □ Promotional: Video and/or audio recording may be used by Whitworth for promotional purposes.

Furthermore, I release Whitworth University from any and all liability from the use of the video and/or audio recording.

Name:		_
Permanent Address:		_
City:	State:	_
ZIP:	Phone:	_
Signature:		_
Date:		
Date of Event:		_
Event Recorded by: Office of U Marketing & Communications (Other (please identify)	Office	
Please fill out this form, sign it and return will then send a copy of this completed fo	it to the event coordinator. (The event coordinator orm to Trisha Coder, Hawthorne Hall.)	