

Video Release Form

Archive Document

I, (please print your name) _____, a legal adult 18 years of age or older, give St. Mary's College of Maryland the absolute right and permission to digitally record me and use that digital recording in its educational and/or promotional materials, and publicity efforts. I release the College, the videographer, their offices, employees, agents, and designees from liability for any violation of personal or proprietary rights I may hold in connection with such use.

Signature _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____ **Date** _____