

Waiver

I _____
Participant's Name

authorize the release of my image, name, audio recordings, video recordings
and or quotes taken on _____ to be used by Malaspina University-College
Date

or student _____.
Filmmaker's Name

I understand that my image, name, audio recording, video recording and or
quotes may be used for educational purposes, promotion or other media
related purposes.

I have not, nor will I, receive any financial compensation from Malaspina
University-College or the above mentioned student for the use of my image,
name, audio recordings, video recordings and or quotes.

Signed

Date