# RELEASE FORM

## Videos/Commercials/Photographs/Articles

OLDS COLLEGE
*100 years*
1913-2013

Shot/Subject:_____

Location:_____

Date:_____ Witness: _____

I hereby authorize and give full permission to Olds College to quote, videotape, audiotape or photograph me/my ward, and subject matter owned by me/my ward and/or photograph the above location in motion picture or still form and consent to the use of this written article, film, videotape or still photograph for viewing and broadcast purposes, print materials or advertising without further compensation and release Olds College and the producers/photographers and their representatives/production staff from any responsibility for my safety during the time that I am working with them.

| **Name** (print clearly) | **Full Address** (where you can be reached) | **Phone Number** | **Signature** | **Parent or Guardian Approval** (if under 18 years of age) |
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