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Events Management  
Office of College Relations  
Smith College  
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Tel: (413) 585-2669  
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## MEDIA CONSENT FORM

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ grant Smith College and Smith College Spring permission to photograph and/or record my child's likeness and voice using video, audio, photographic, digital, electronic or any other medium (collectively referred to as 'the recordings') as part of participating in Smith College Splash taking place April 9, 2016. I acknowledge that all rights, title and interest to the recordings will belong to Smith College.

The College and Smith College Spring may use my child's name in connection with these recordings. The college may also use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, on-line, podcasts, transcripts) these recordings for any purpose that the College, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings will be placed in the Smith College Archives.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Requestor)

Please sign and bring this form to Splash registration/check-in on April 9, 2016 in Seelye Hall, Smith College.