

NSCAD University
Release Form

I, _____ hereby grant
 First Name Last Name

NSCAD University the right, without fee, to make and use all recordings including but not limited to video, audio and still images of me in connection

with the _____
(list the public lecture, event)

in any manner or form and for any lawful purpose at any time. I waive the right that I may have to review or approve the finished product, or the use to which it may be applied. I release and discharge NSCAD University and its employees, agents and contractors from any liability to me by virtue of any representation that may occur in the making, editing, broadcast and/or distribution of said recordings.

I have read this above paragraph before signing below and warrant that I fully understand its contents.

Signature

Date