PERSONAL RELEASE

_________________________________
Program Title

____/____/____
Program Date (Conference, Series, Event, etc.)

To Whom It May Concern:

Believing that the program described above will be of educational, informational, or entertainment value to the public, I hereby irrevocably grant to Calvin College, its successors and assigns, the non-exclusive rights to: record my likeness and/or voice; incorporate the same into a recorded program; use or authorize the use of such program or any portion thereof; distribute copies of such program; and use my name, likeness, voice, biographical and other information concerning me in connection therewith, including promotion in printed media.

_________________________________
Signature (of legal guardian if minor)

_________________________________
Printed Name

____/____/____
Date

Your Title (as it should appear in credits)

Organization

Address

City, State, Zip

_________________________________
Phone

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E-mail