Yale University

Creative and Performing Arts

CPA Photo/Video Release Form

Subject First Name

Subject Last Name

Subject street address

Subject e-mail address

City

State

Zip Code

Production Name

Treasurer Name

Photographer/Videographer Name

Treasurer's College

Benjamin Franklin

Intended Use of Image/Video (Please describe how and where the images/video will be displayed)

Date(s) images will be taken
(Starting Date: Mo/Dy/Year Format)

Date(s) images will be displayed
(Starting Date)

(End Date)

(End Date)

As a subject of this project, I give the CPA Photographer/Videographer the absolute right and permission to use the photograph(s) and or video(s) of me in this project as described above. I release the photographer, Yale University, their offices, employees,and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Subject's signature:

Photographer's/Videographer's signature:

Today's Date

To the CPA Producer: After the subject signs you must provide a copy of this form for the subject and keep the original yourself.