

Media Permission and Release



THE PRESIDENCY AND THE PRESS

A Conference for High School Media

I hereby authorize the Franklin Pierce University Fitzwater Center for Communication to use my name, biography, likeness, voice and performance, whether it is for print, broadcast or electronic media in promotional campaigns in perpetuity.

I further authorize you to edit the project for printed publications, radio and television broadcasting, cablecasting, audiovisual and closed circuit exhibition, World Wide Web or other electronic or mechanical distribution of whatever kind throughout the world.

I understand that I will receive for the rights granted herein the valuable consideration of participation in a program presented by Franklin Pierce University. I understand that all ownership rights to the intellectual property referenced above belong to Franklin Pierce University in perpetuity

Student Local Media Contact Information:

Local Newspaper

Local Newspaper

Address

Address

City/Town

State

City/Town

State

Zip Code

Phone Number

Zip Code

Phone Number

Fax Number

Fax Number

Please Check One:

I represent that I am 18 years of age and have the right to enter into this agreement.

I am under the age of 18 years and my parents or guardian has consented to my execution of this release, as shown by the signatures below.

Student Information:

Last name

First name

Middle initial

Area code

Telephone number

High school /Institution you represent

Your permanent street address

City

State

Zip code

Student Signature _____

Signature of Parent or Guardian for participant under 18 years of age required.

Signature of Parent of Guardian: _____ Date: _____