



Lesley
UNIVERSITY

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Visual/Audio Release Form minors

Email completed form to marketing@lesley.edu

As a parent/legal guardian of _____, I hereby grant permission to Lesley University, to use my child's image, representations of his/her audio and/or visual works, and his/her verbal and written statements for promotional purposes in University publications, advertising, video, web, social media, or other formats. The images may be used now or in the future without notifying me. I understand that I waive any right to inspect or approve the finished images or any printed or electronic materials and that Lesley University does not owe me any compensation for their use.

please print child's full name

Guardian's First Name

Guardian's Last Name

Signature of parent/guardian

Email

Date

Telephone

By signing above, you acknowledge that you are the legal parent/guardian of the above named child and that you have read and understand the terms of this release. This information is kept confidential. The University will not sell photo/video footage to any third party. Images are protected under copyright of Lesley University.

Date of Shoot

Location

Photography Videography

For Internal Use Only