



## Use of Photographic Likeness Release Form for Visitors

Name: \_\_\_\_\_

For good and valuable consideration, I authorize Iona College (the "College") and its officers, faculty, employees and/or agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitations for any purpose that the College deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings.

I release the College, its Trustees, successors and assigns, agents, and all persons for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_