

UNIVERSITY OF ROCHESTER

Speaker Release Form

Name of Participant: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

___I hereby give the University of Rochester permission (1) to take photographs and to record the Presentation (referenced above) in audio, audio-visual, or other media (the "Recording"); (2) to display, and distribute my Presentation as it appears in the Recording to all DEAF ROC attendees and post this on the DEAF ROC website, without any obligation to pay royalties; and (3) to use my name, title, image, and likeness in connection with the Recording and any accompanying materials

___I do not give the University of Rochester permission (1) to take photographs and to record the Presentation (referenced above) in audio, audio-visual, or other media (the "Recording"); (2) to display, and distribute my Presentation as it appears in the Recording to all DEAF ROC attendees and post this on the DEAF ROC website, without any obligation to pay royalties; and (3) to use my name, title, image, and likeness in connection with the Recording and any accompanying materials

Signature of Presenter (Dated)