



Permission to Use Likeness (Talent Release)
and Student Work Product
Registrar's Office
One College Circle
Bangor, Maine 04401
Phone: 1-888-877-1876
Fax: 207-947-3987

Permission to Use Likeness (Talent Release) and Student Work Product

The undersigned person agrees to grant the following permissions and rights to the New England School of Communications ("Producer"), a nonprofit educational corporation organized and existing under the laws of Maine,

1. I grant to Producer, and its designees and successors, the right to use the recordings of my name, voice, likeness, portrait, picture, photograph, image, biography, and performance in its productions; to edit, mix, duplicate, alter, use or reuse, in whole or in part, such recordings; to transfer such recordings onto other media, including, but not limited to videotape, digital media, film, photographs, audiotapes and slide.
2. I grant to Producer the right to broadcast, market and distribute the recordings, in whole or in part, alone or as part of any finished production, for presentation on commercial, noncommercial, cable, satellite or closed circuit television, radio or other replay in any other format.
3. I grant permission to Producer to use my name, voice, likeness, portrait, picture, photograph, image, biography, or performance, as recorded for instructional, promotional or publicity purposes.
4. I grant permission to Producer to use my work product in whole or in part in the classroom or for public use.
5. I release Producer, its officers, employees, students, instructors and agents from any and all claims, known or unknown, arising out of or in any way connected with the uses described in this Agreement.
6. To the extent that the use of likeness and work product may constitute an educational record according to the Family Educational Rights and Privacy Act (FERPA), authorize the use of the above material or in accordance of this permission.

IF THE UNDERSIGNED PERSON IS UNDER 18 YEARS OF AGE, THE SIGNATURE OF A PARENT OR GUARDIAN OF THE PERSON IS REQUIRED.

I have read this Permission and understand its terms.

Name _____

Mailing Address _____

Town or City _____ State _____ Zip _____

Email Address _____

Signature _____ Date _____

Signature of Parent or Guardian (if required) _____