CONSENT FORM

I hereby consent to the videotaping/photographing/audio recording of myself, ________________________________ in the material submitted by the name ________________________________ team, for the Froshlife Festival. dorm name

I understand that all material obtained will be used by Duke University for educational and related purposes, including external distribution via satellite broadcast, cable TV, radio broadcast, webcast or on-demand streaming in digital format on the Internet. Duke may also share this material with others, as appropriate.

I understand that I will receive no compensation for my consent to participate in this project.

I understand that my submission (the Recordings) will become the property of Duke University and I understand that use of the Recordings may include, but not necessarily be limited to, the following:

☐ Internal use at Duke University and other institutions in streaming digital format (live or on demand) on the Internet or other digital media.

☐ Distribution (may include videotape reproduction, satellite broadcast, cable TV, webcast, on-demand).

I have read this form and have the opportunity to ask questions about the project. I agree to be bound by this consent form.

Signature ________________________________

Date ________________________________