## DCI 180 Photo/Audio/Video Release and Consent Form

l,	, [print participant's name]
grant permission to	
the irrevocable and unrestricted right to reproduc	ce the photographs, audio
recording, and/or video images taken of me in an	y manner or in any medium for
the purpose of a class assignment in Washington	and Lee University's DCI 180
course.	
I hereby release	[print DCI 180 student's name]
and their legal representatives for all claims and I	iability relating to said
photographs, audio recording, and/or video imag	es. Furthermore, I grant
permission to use my statements, given during ar	n interview, with or without my
name, for the purpose of course work in Washing	ton and Lee University's DCI 180
class without restriction. Additionally, I waive my	
represent that I am over eighteen (18) years old a	
review, or approve any photographs, audio recor	
as the use thereof. I release Washington and Lee	• •
employees, and agents from any and all claims or	-
photographs, audio recording, and/or video imag	es of me and the use thereof.
My signature below signifies that I have read, und	derstood, and accepted the terms
and conditions stated above and acknowledge th	•
be effective and binding upon me, my heirs, assig	ns, personal representative and
estate and all members of my family.	
participant's signature	
today's date	