



Minor Model Release Form

Marketing and Communications

420 South Main Street | Nashua, NH 03060 | Phone: 603.897.8514 | Fax: 603.891.1799 | www.rivier.edu

I grant Rivier University permission to use photos/video of my son/daughter _____, in any official university promotional material and publicity efforts indefinitely. I understand that the images may be used in a commercial, publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release the University, the filmmaker/photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that my participation is voluntary and that I will not receive any form of compensation.

Parent or Guardian (please print) Signature Date

Witness (please print) Signature Date

Name: _____ Date: _____

Address: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Signature: _____

Please return this form to Sky Croswell, Madeleine Hall. Should you have any questions please do not hesitate to call 603.897.8514 or email skycroswell@rivier.edu. We appreciate your participation in our marketing efforts.