



Media Release Form

In an effort to bring its public forums, symposia and lectures to a wider audience, the Columbia School of Social Work (CSSW) is recording such events to extend its public outreach.

With your signature below, you agree to allow CSSW to publish (project/event) _____ on the CSSW and/or Columbia University website. You also agree to allow CSSW to use the video and/or audio recordings or images taken from this event without limitation for general educational purposes.

I (print name) _____, as a participant in (project/event) _____, consent that the video or audio recordings of my voice or image may be used by the Columbia School of Social Work and/or Columbia University. I agree to release and hold harmless CSSW and their representatives from any privacy, defamation, or other claims that may arise out of broadcast, cablecast, exhibition, publication, or promotion of this program.

Date: _____

Signature: _____

Address: _____

Telephone: _____

E-mail address: _____