Lake Superior State University Standard Academic Podcasting Form

By signing this release,

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I agree to grant Lake Superior State University, its advertising agency, licensees, and producers of its educational and promotional materials and their successors and assigns, the right to use, and publish my lecture, picture, voice, and/or moving image for educational programs, advertizing, and promotion of Lake Superior State University programs.

I understand that once my lecture, picture, voice, or moving image is placed on the Lake Superior State University web site, it may be viewed, listened to, or accessed on or off campus and may not be limited to LSSU college students, faculty, and staff.

I agree to release Lake Superior State University and all of its officers, employees, and agents from any liability claims, and costs of whatever kind that occur in connection with my actions while being photographed or recorded for/by Lake Superior State University.

I acknowledge that since my participation in publications and web sites produced by Lake Superior State University is voluntary, I will receive no additional monetary compensation for participating in the academic podcasting program.

Name:	Date:
Telephone Number: ()	
If the individual signing above is no and sign the following form.	ot yet eighteen (18) years old, the child's parent or guardian must read
I agree that I am the parent or guard approved the above Release.	lian of the above individual, a minor, and that I have read and
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Parent or guardian:	
Signature:	Date: