



## Instructional Resources & Technology

<input type="checkbox"/> Instructional Development Services <input type="checkbox"/> Contract Services Dept. Contact: _____ Address: _____	<input type="checkbox"/> Video Support Services <input type="checkbox"/> Other: _____ Phone: _____ Fax: _____ E-Mail: _____
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### GROUP PARTICIPANT RELEASE

I understand that a video recording in which I appear or am heard, either alone or in conjunction with others, may be used by the Austin Community College District ("ACCD") in a film, television program, in print, in web streaming video and/or other electronic media for instructional, educational, informational, promotional, or other purposes. I hereby consent to such use of this video recording, created on the date: \_\_\_\_\_ at the following location: \_\_\_\_\_.

In consideration of the use of my likeness or voice in a video recording, film, broadcast, cablecast, and/or web cast television program, and/or other electronic media, and for other good and valuable consideration, the receipt of which is acknowledged, I and my agents, representatives, successors and assigns hereby release and forever discharge ACCD, its agents, representatives, employees, students, administrators, successors and assigns from any and all claims, demands, damages, actions, causes of action, suits in equity, and liabilities of any kind whatsoever, known or unknown, directly or indirectly attributable to the use of the video recording in which I appear or am heard. I understand and agree that any videotape, film, television program, printed material, and/or other electronic media in which I appear or am heard that is created or produced by ACCD or its representatives, employees or students shall be and remain the sole property of ACCD.

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AUSTIN COMMUNITY COLLEGE REPRESENTATIVE: _____	DATE: _____
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