INSTITUTIONAL RELEASE FORM

Name of Participating Institution: ______________________________________________________

Title of Production: ________________________________________________________________

Production Representative: __________________________________________________________

The Agreement

I hereby authorize TuftsFilmWorks and its representatives (hereafter known as “the Producers”) to record and edit into the production named above (hereafter known as “the Program”) the images and voices of all individuals including but not limited to minors (hereafter known as “the Participants”) for which I am responsible as an official of the institution named above, without limitation and at the sole discretion of the Producers.

I cede to the Producers all rights to reproduction, exhibition, broadcast, and sale of all recordings in which the Participants appear or are heard, with no temporal or geographical limits, by all means and on all media, whether available today or invented in the future.

I agree to indemnify and hold harmless the Producers and Tufts University from and against all claims, losses, expenses, and liabilities of every kind, including reasonable attorney’s fees, rising out of the inaccuracy or breach of any provisions of this Agreement. As well, I expressly release the Producers and Tufts University from any and all claims arising out of the use of the Program.

Participant’s Signature: _____________________________________________________________

Date Signed: ___________________ Address of Participating Institution: ____________________