



Sigma Tau Delta Media Release Form

I _____, the undersigned, authorize the staff of Sigma Tau Delta), and affiliate organizations to photograph, record, film, and videotape my voice and/or image.

I further authorize Sigma Tau Delta to use, televise, and publish (in print or on the Internet) such voice and image recordings and photographs for any purpose, which Sigma Tau Delta deems suitable and which is consistent with the educational purpose of Sigma Tau Delta. I agree that no representations have been made regarding the purpose or use of my voice or image except for those set forth in this release.

In consideration of participating in the media types described herein, I do for myself, my heirs, executor, administrators, legal representatives and assigns release and forever discharge the Board of Directors, their officers, agents, and employees and all other persons from any and every claim, demand, action, in law or equity that may arise as a result of my participation in the media types described in this release.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from the photographing, recording, filming, and videotaping my voice and/or image.

Signature of Participant

Witness

Date

Signature of authorized person when
Participant is a minor or otherwise
unable to sign in his or her own behalf

Rev. 09/20/07