

UNIVERSITY OF ROCHESTER

Speaker Release Form

Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Presentation Title (s): \_\_\_\_\_

Presentation Description (s): \_\_\_\_\_

\_\_\_ I hereby give the University of Rochester permission (1) to take photographs and to record the Presentation (referenced above) in audio, audio-visual, or other media (the "Recording"); (2) to display, and distribute my Presentation as it appears in the Recording to all DEAF ROC attendees and post this on the DEAF ROC website, without any obligation to pay royalties; and (3) to use my name, title, image, and likeness in connection with the Recording and any accompanying materials

\_\_\_ I do not give the University of Rochester permission (1) to take photographs and to record the Presentation (referenced above) in audio, audio-visual, or other media (the "Recording"); (2) to display, and distribute my Presentation as it appears in the Recording to all DEAF ROC attendees and post this on the DEAF ROC website, without any obligation to pay royalties; and (3) to use my name, title, image, and likeness in connection with the Recording and any accompanying materials

---

Signature of Presenter (Dated)