



## Consent, Transfer, and Release Form

Please print all information.

I, \_\_\_\_\_, consent to having photographs, motion pictures, or video recordings taken of me, to having sound recordings made of my voice and statements made by me, and to having my name identified and used in any manner in connection with preparation, reproduction, distribution, and publication of the following conference:

### *Summer Honors*

June 11-23, 2017

I transfer to the President and officers of Lee University, their affiliates, successors, agents, employees, and assigns (together "Lee") all right, title, and interest which I have or may acquire in any such photographs, motion pictures, video recordings, and sound recordings, in any other audio-visual works, and in any derivative works related to the program including the rights of copying and reproduction, preparation of derivative works, distribution, transmission, broadcast, public performance and public display in any manner, including but not limited to presentation on the Internet through the program web site.

I release Lee from all claims, which I have or may acquire in connection with all activities identified in the first paragraph above, and all of my rights, title and interests identified in the second paragraph above.

I have read and understood this statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please send all materials to:  
Dr. Mike Hayes, Summer Honors, Lee University, P.O. Box 3450, Cleveland, TN 37320