Miami Dade College, Kendall Campus
Division of Learning Resources, Media Services Department
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## Release

For

## Video taping

I, hereb	y grant permission to Miami Dade
Print Name	
College to videotape my appearance at the_	Title of Event
in which I have agreed to participate at the	College during the following date(s):
Date(s)	
I understand that these materials <u>will not</u> be	e used for any commercial purpose, but
solely for the non-profit educational use of t	the College. The College is authorized to
edit and use such materials for educational	purposes only, which includes such uses
as classroom instruction; closed-circuit telev	vision or digital transmission on campus
or to off campus class meetings; assembly	meetings with the campus community;
independent instruction; and, any other pur	pose directly related to the instructional
mission of the College. I also grant the righ	nt to include my possessions and/or any
background objects that may appear in the	video. I also understand that the College
will not use this videotape for any purpose of	other than those herein specified without
my written permission.	
Signat	ure:
Addre	ss:
Date:	