PRSSA Video Release Form

In consideration of the Public Relations Society of America (PRSA) and the Public Relations Student Society of America (PRSSA) permitting me/our Chapter to post a video on the PRSSA National YouTube account, I/we hereby grant the irrevocable right to PRSA and PRSSA to share the video footage via the PRSSA National YouTube account and the PRSSA website. I/we understand the video will be shared with PRSA and PRSSA members, college students and other interested audiences. All video footage will become the possession of PRSA and PRSSA upon submission.

I/we also grant to PRSA and PRSSA the irrevocable right to use my/our name and likeness in connection with the recording and the advertising and promotion thereof without further compensation to me.

I/we authorize the above.

________________________________________  __________________________  __________
Name (Please Print)                  Signature                                 Date

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Name (Please Print)                  Signature                                 Date

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Name (Please Print)                  Signature                                 Date

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Name (Please Print)                  Signature                                 Date

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Name (Please Print)                  Signature                                 Date

(Each person appearing in the video must sign this form. If there are more people in the video than space allows in this document, please sign an additional copy of this form.)

Please return this form (with your video submission) to Vice President of Public Relations Lauren Gray at laurenkgray2@gmail.com.