

CDCI Media Release Form

I am recording video and audio material with the Center on Disability and Community Inclusion (CDCI) at the University of Vermont.

And I consent to the CDCI using that video and audio material for their podcast, social media, audio broadcasts, and online materials. I understand that other people may see and hear me on the web, or on the radio, or on their phones or tablets.

I am willing to take part in this recording, and

- I don't need to approve the final version, and
- I understand that if I change my mind about this recording later, I can email the CDCI and ask them to stop sharing the recording with people.

PRINTED NAME

Signature: _____

Relationship: _____

Address: _____

If I have any questions about this media consent form, or questions about what I'm recording, I can email cdci@uvm.edu, or call Audrey Homan. They are the Communications Manager, and their phone number is at (802) 656-4031.