



# EMPLOYEE MEDIA RELEASE FORM

**Richmond Office- Corporate**

8247 Meadowbridge Rd  
Mechanicsville, VA 23116  
T: 804.353.7621  
F: 804.353.7626

**Charlottesville Office**

943 Glenwood Station Ln.,  
Suite 104  
Charlottesville, VA 22901 T:  
434.984.7622  
F: 434.984.2689

**UVA Ambassador Office**

1413 University Avenue  
Charlottesville, VA 22903  
T: 434.984.7622 x406  
F: 434.984.2689

I, the undersigned, hereby grant my employer, **RMC Events, Inc.**, and its legal representatives, permission to use my likeness in any media (e.g., photographs, video, audio recordings, and testimonials), now known or hereby after developed, taken or made on their behalf for any legal purpose(s), including marketing, advertising, and/or educational usage. I irrevocably authorize **RMC Events, Inc.** to copy, edit, enhance, crop, or otherwise alter such media. I waive any rights to inspect or approve any materials for which my likeness is used and acknowledge that I will not receive any compensation for its use.

I hereby release and discharge **RMC Events, Inc.**, its representatives, and affiliates, from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknowns, in connection with this agreement.

I understand that this agreement is binding and cannot be altered, amended, or modified unless it is made in writing and signed by all parties of this agreement.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE IN ITS ENTIRETY BEFORE AFFIXING MY SIGNATURE, AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
**NAME OF EMPLOYEE (Printed)**

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF WITNESS (Printed)**

-TO BE COMPLETED BY ADMIN OR INSTRUCTOR ONLY

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**DATE**