



Photography Release Form

I give my consent to the use of photographs, video tapes, film and recordings of me for advertising, broadcast, or other uses by Sinclair Community College. In giving this consent, I release Sinclair Community College, or its assignees or licensees and its agents, and assignees or licensees from any and all liability for any use or violation of any personal or property rights which I might have in connection with such materials, and waive any right to approve accompanying written or narrative material.

If under 18, a parent or guardian's signature is also required.

Name (print) _____
Date _____
Name (signature) _____
Parent/Guardian (signature) _____
Photo topic _____
Location _____
Contact phone number and/or e-mail _____
Comments from person photographed _____



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