



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, their agents and assigns from any liability for any 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's signature is also required.

Name (print) _____

Date _____

Name (signature) _____

Photo topic _____

Location _____

Contact phone number and/or e-mail

Comments from person photographed
