



PHOTOGRAPHIC/VIDEO CONSENT RELEASE FORM

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

I hereby grant to the Community College of Allegheny County and those acting under its permission or upon its authority, the irrevocable and unrestricted right to use and publish photographic and/or video images, reproductions or likenesses of me/of my child* taken or recorded this day for use in publications referencing or related to the college. In addition, I grant my permission to alter the same without restriction; and to copyright the same.

This authorization and release covers the use of said photographic and/or video material, inclusive of voice recordings as may be applicable, in any published form and medium of advertising or publicity for an unlimited period of time.

This consent and release represents in full all the terms and considerations, and no other inducements, statements or promises have been made to me/my child, nor have I been offered or accepted any remuneration for my/my child's voluntary participation.

Name (please print): _____

Email: _____

Telephone number: _____

Location of photo session: _____

Signature: _____ Date: _____

**Form must be completed by parent or legal guardian if individual is younger than 18 years of age*

Child's Name: _____

Signature of Parent/Guardian (if individual is under 18):

_____ *Date:* _____

FOR CCAC USE ONLY

Image Name: _____

Upload Date: _____

Photographer: _____

Shoot Date: _____

Categories: _____