



Release Form

Date _____

I understand the photograph(s) or video or audio recording(s) taken of me on behalf of the Office of Continuing Education & Workforce Development (hereinafter called "OCEWD") may be used in connection with publicizing OCEWD, its activities and academic programs to the general public.

I hereby irrevocably authorize OCEWD to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing OCEWD's programs or for any other lawful purpose. These images may be used in printed publications, multimedia presentations or on websites. I agree that I will make no monetary or other claim against OCEWD for the use of the interview and/or the photograph(s)/video.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release OCEWD from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature:

I have read the above description and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____ Date: _____

Email _____

Address _____

City, state, zip _____

Telephone _____

If the person signing is under age 18, there should be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

Parental/Guardian Permissions (if applicable):

Printed Name: _____

Signature: _____ Date: _____

Email: _____