



## Photo/Video Release Form

### AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I hereby grant Connecticut State Community College, which includes a system of twelve community college campuses, hereinafter referred to as "the college," the absolute and irrevocable right and permission, in respect of the photographs and audio/video taken of me alone or with others, to use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs or audio/video, and in conjunction with any printed matter, or electronic matter, in any and all media (for example, Facebook, Twitter, YouTube, newspapers, TV, brochures, posters, and other forms and media) now or hereafter known, and for any purpose whatsoever (for example, but not limited to publicity, promotional, or advertising purposes).

The permission I grant herein includes my consent under the Family Educational Rights and Privacy Act (FERPA) to disclose as part of my education record my name and image for the purposes and in the manner stated herein.

I hereby release and discharge the college and its agents, officers and employees from any claims, suits, demands or liability whatsoever arising out of or in connection with the use of the photographs, videos and audio recordings for invasion of privacy, distortion or alteration of photographs, libel or slander. I waive any right to inspect or approve the finished product. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of the college.

I understand that this authorization includes use of my image, likeness and/or voice as the college so chooses without compensation of any kind.

I am of full age (18) and have the right to contract in my own name. If I am not yet 18 years of age, a parent or guardian has authorized my signature. I have read the foregoing and fully understand the contents thereof. The release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Name (signature): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_