



Photo/Video Release Form

I, _____, hereby consent to, and authorize Community College of Denver (CCD) the use and reproduction of any and all photographs, digital images, or video/audio streaming/recordings made of me and for use by CCD of the Colorado Community College System (CCCS), its employees, officers and agents, and the right to use, reuse and/or publish, republish photographs, digital images, or video/audio streaming/recordings in conjunction with my name.

I give permission for CCD and/or CCCS, its employees, officers and agents, and the right to use, reuse and/or publish, republish my submitted digital story/video submitted for film festival or other awards in conjunction with my name at any time in the future without further clearance from me.

I also give permission for the photographs, digital images, or video/audio streaming/recordings to be used in their entirety and/or edited versions as deemed necessary by CCD/CCCS including use of images on college websites, social media, and other marketing materials.

Furthermore, permission is also given for the digital story/video, photographs, digital images, or video/audio streaming/recordings to be used by CCD/CCCS at any time in the future without further clearance from me.

I understand that these photographs, digital images, or video/audio streaming/recordings may be used for marketing purposes (including websites, social media) by CCD/CCCS.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Printed Name: _____

Signature: _____ Date: _____

Personal E-mail: _____

Mailing Address: Campus Box 204 | P.O. Box 173363 | Denver, CO 80217