

## 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 for use by CCD or the Colorado Community College System (CCCS), its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographs, digital images, or video/audio streaming/recordings in conjunction with my name.

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 the CCD/CCCS including use of images on college websites, social media, and other marketing materials.

Furthermore, permission is also given for the 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.

So that the photographer/videographer can identify me correctly, my appearance can be distinguished by (describe identifying hairstyle, jewelry, or piece of clothing):

\_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Email: \_\_\_\_\_

If individual is under 18 years of age:

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_