



Photographic and Video Release Form:

I understand that films, photographs, or reproductions have been made in which I appear. I agree to let Washington State Community College, its subsidiaries and its agents publish or make other public use of these films, photographs and other reproductions.

I also agree to give Washington State Community College, its subsidiaries and its agents all responsibility and authority for inspecting, approving and selecting these pictures or videos.

While Washington state Community College agrees not to make any deliberate distortion or other alteration of these pictures, I agree not to hold it liable for any distortion or other alteration that may result.

SIGNATURE _____ DATE _____

NAME (print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IF YOU ARE NOT OVER 18 YEARS OLD, PLEASE HAVE A PARENT OR GUARDIAN SIGN BELOW:

I am at least 18 years of age and am the parent or guardian of the person listed above. I consent to the above agreement and will abide by its terms.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OTHER INFORMATION:

MAJOR OR AREA OF STUDY _____

HIGH SCHOOL ATTENDED _____

WHY YOU CHOSE WASHINGTON STATE _____

PHONE _____

E-MAIL _____