



PHOTO RELEASE OPT-OUT FORM
ACKNOWLEDGMENT AND RELEASE OF LIABILITY

STUDENT NAME (LAST NAME, FIRST NAME)

STUDENT NO.

YEAR

Please check the box below with your corresponding semester.

FALL WINTER SPRING SUMMER (checkboxes)

ACKNOWLEDGMENT AND RELEASE OF LIABILITY

Complete and return this form to the Marketing and Communications department ONLY if you do NOT give permission for your photo, audio, or video to appear in possible college publications and/or publicity including (but not limited to) college website, social media and other forms of promotion.

Please be advised that:

- 1. Images and videos taken in public spaces and/or at public events do not require authorization for publication.
2. It is your responsibility to notify personnel you have signed the opt-out release.

Check Box to Opt Out (This will only need to be done once.)

By signing below, I hereby certify and represent that I am 18 years of age (or older) and have read the foregoing and fully understand the terms of the Photo Release Opt out Form.

SIGNATURE DATE

IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN BELOW AS WELL.

PARENT/GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE