

Photo and Video Release Form

I, the undersigned, give my permission to the San Mateo County Community College District (SMCCCD) to use my likeness (in still photography and/or video) in college promotional materials and commercials. I do not expect to be paid or compensated in any way for my role in the photography and I release all future rights to the images.

| Date: | |
|---------------|------------------------------|
| Name: | |
| Signature: | |
| Address: | |
| | |
| Phone: | |
| Email: | |
| Parent Signa | ture (if model is under 18): |
| Parent Name: | |
| Date: | |
| College use o | nly: |