



Cañada College • College of San Mateo • Skyline College

## 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 Signature *(if model is under 18)*:

\_\_\_\_\_

Parent Name: \_\_\_\_\_

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

\_\_\_\_\_  
College use only: