



PHOTO RELEASE FORM

I hereby consent that audio-visual recordings and/or photographs taken of

me _____ **(print name)**

and/or **my minor child** _____ **(print name)**

by a representative of Lewis and Clark Community College may be used by the above college, without further consideration, for advertising and promotions in any college related materials or projects.

Date _____

Print name of person photographed _____

Street Address _____ **City/Town** _____

State _____ **Zip Code** _____ **Phone** _____

Signature of person photographed (or parent/guardian if person under age 18)



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