

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 C	community College may be used by the above college, without further
consideration, for advertising and prome	otions in any college related materials or projects.
Date	
Print name of person photographe	ed
Street Address	City/Town
State Zip Code	Phone
	LEWIS & CLARK COMMUNITY COLLEGE DISCOVER PHOTO RELEASE FORM
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