

PHOTO & INTERVIEW RELEASE FORM

I hereby authorize Seattle Colleges and those acting pursuant to its authority a nonexclusive grant to:

- (a) Record my likeness and voice on video, audio, photographic, digital, electronic, online formats, or on any and all other media.
- (b) Record my testimonial statements/comments through digital media and/or transcription.
- (c) Use my name in connection with these recordings.
- (d) Use, reproduce, publish, republish, exhibit, edit, modify, or distribute, in whole or in part, these recordings in all media without compensation for any purpose that Seattle Colleges, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings may appear in a variety of formats and media now available to Seattle Colleges and that may be available in the future (e.g. print publications, videos, DVD, Internet, mobile, digital).

I hereby release Seattle Colleges and those acting pursuant to its authority from liability, claims, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation and/or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of Seattle Colleges. I have read and fully understand the terms of this release.

Signature			Date		
Name (print)					
Address					
City		State		Zip	
Phone	Email				
Parent or Guardian (if minor)			Date		
Signature					
Witnessed by			Date		
Location			Date		
Description					