



PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize the Dallas College (the “College”), and those acting pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium;
- (b) Use my name in connection with these recordings; and
- (c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet, etc.) these recordings for any purpose that the College, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the College and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the exclusive property of the College. I have read and fully understand the terms of this release.

Name: _____
Printed Name

Student ID: _____ Phone: _____

IN SIGNING THIS CONSENT AND RELEASE FORM, I HEREBY CERTIFY that the information provided in this form and submitted on electronic media is complete, true and correct to the best of my knowledge and that I am the same as the person [or the parent/guardian of the person] who is named above. **FURTHER, I HEREBY ACKNOWLEDGE AND REPRESENT THAT** I have read this Consent and Release Form, and I fully understand its terms. I acknowledge that I am signing this Consent and Release Form freely and voluntarily and that by signing, I agree to a complete and unconditional release of all liability to the greatest extent allowed by law.

[Your electronic signature represents your consent for Dallas College to perform as set forth herein.]

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

_____ Date: _____

Printed Name: _____