

Photograph & Video Release Form



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By signing this release, I understand this permission signifies that photo, audio, and/or video recordings of me may be electronically displayed digitally via the internet, physically in print, or in public settings.

There is no time limit on this release's validity, nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for or on behalf of Wells College.

Full Name: _____

Street Address/P.O. Box: _____

City: _____

State/Zip Code: _____

Phone : _____

Email Address: _____

Signature: _____ Date: _____

If this release is obtained from an individual under the age of 18, then the signature of that individual's parent or legal guardian is required.

Signature: _____ Date: _____