

# Kishwaukee College Release Form for Media

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I, the undersigned, do hereby consent and agree that Kishwaukee College, its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use in any and all forms of media for advertising, trade and any other lawful purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Kishwaukee College, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other compensation for recording me, either for initial or subsequent transmission or playback.

I also understand that Kishwaukee College is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

Signature: \_\_\_\_\_

## If under 18:

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_