

## Photographic Imaging

## **Model Release Form**

By signing this release, I am giving Community College of Philadelphia or anyone authorized by Community College of Philadelphia permission to use photographic, video, and/or digital images taken of me at their sole discretion for an unlimited period in their promotional and marketing efforts. Such areas of application may include, but not be limited to, publications, advertisements, promotional materials, Web sites, and social media applications (including but not limited to Instagram, Facebook, Twitter, etc.). I hereby release Community College of Philadelphia from all claims and liability relating to said images.

I waive all rights I have or may obtain in the future in all such uses. I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release.

Date:
Name (please print):
Signature:
Address:
City, State, Zip Code:
Phone number:
Email: