



## Photo and Media Release

\_\_\_\_\_  
Student Full Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Cell Phone Number

I hereby give Columbia College permission to collect and use my/my child's name, images, testimonials, interviews, photos and/or video footage of me/him/her for advertising, marketing, communications, social media, public/media relations and/or promotion purposes. I understand that these images may be used indefinitely. I understand and agree that I will not receive payment for this usage. I have read and understood this form prior to signing it, and I am aware that, by signing this form, I am giving permission to Columbia College for this usage.

I agree to waive any and all claims, liability and damages against Columbia College, its agents, or employees with respect to any accident or loss of property that might occur in connection with Photo and Media documentation during my enrolment at Columbia College.

*I CONFIRM THAT I HAVE READ THIS PHOTO AND MEDIA RELEASE AND ACCEPT ITS TERMS.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

No, I do not give permission for Columbia College to collect and use my name and likeness in all forms of media as outlined above.

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