



Columbia College

Vancouver, Canada

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 child's name, images, testimonials, interviews, photos and/or video footage of him/her/themself 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 my child and/or I will not receive payment for this usage. As my child is under 19 years old, I have read and understood this form prior to signing it on their behalf, 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

Name of Parent/Guardian of minor (under 19 years of age)

Signature of Parent/Guardian of minor (under 19 years of age)

Date

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