



ADRIAN COLLEGE

CONSENT TO PHOTOGRAPH OR RECORD ELECTRONICALLY

Name: _____

I permit Adrian College to record a photographic image, audio, and/or video of me for educational, academic, research, or promotional purposes. If the faculty or staff of the College determines that education or research may benefit from the use of the photographs and/or recordings, the College may publish or sell (not for profit) for academic purposes, or use in any other professional manner that the College believes is appropriate, including, but not limited to: print publications, video media, broadcast media, podcast, website and other online formats.

I understand that the photographs and recordings belong to the College and I will not receive payment or any other compensation in connection with their use.

I assert that I am at least 18 years of age and understand the contents of this consent.

I hereby release Adrian College from any and all liability that could arise from the use of the media described above.

Signature: _____ Date: _____

Address: _____

Legal Guardian (if under 18): _____

Address: _____ Date: _____