



Unconditional Release Form—Persons 18 Years of Age and Above

I, the undersigned _____
(Please print full name) (student #)

hereby authorize HERITAGE COLLEGE to use one or more of the photographs taken of me for purposes of promoting HERITAGE COLLEGE, its programs, services, or activities in all forms of media.

It is understood that these photographs shall not be used for any purpose other than that stated above nor for reproduction by any other party by any means without my prior written consent. I also understand that I will not receive any type of financial compensation for my participation in this project.

It is further understood that I will not request any future compensation from HERITAGE COLLEGE with regard to the use and reproduction of my photograph(s) for the above-stated purposes.

NOTE: For anyone under 18 years of age, use "Unconditional Release Form—Parental Consent for Student under 18"

Signature: _____

Date: _____

Location: _____

Department: _____

Witness: _____