Guilford Technical Community College

Photograph/Video Release Form

I ______________________________________ (Parent/Guardian first & last name) acknowledge that ______________________________________ (Participants first & last name) participation in the following event: **Titan Kids College Summer Camp** may be photographed or video recorded. I hereby grant permission to Guilford Technical Community College and its Officers, Directors, Employees, Agents, Volunteers and Representatives the rights to the images in video or still and the likeness and sound of the participants voice. I understand the images may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation arising or related to the use of the images.

ACKNOWLEDGEMENT

By signing this document, I acknowledge that I have read and understand this entire document, and agree to be bound by its terms.

Parent/Guardian (Signature) __________________________ Date ______________

Parent/Guardian (please print) ______________________________________

Participant (Signature) __________________________ Date ______________

Participant (Please Print) __________________________