

RELEASE AGREEMENT

Project Name: _____

(Please Print)

Name _____

Home Address _____

City/State/Zip _____

Telephone Number (Home) _____ (Work) _____

I hereby release to Gateway Community College, its assignees and agents, full permission to use films, slides, sound recordings, photographic prints, or other reductions from all negatives or master recordings made of me or of my voice by their employees or agents and to make or use photographic prints or other reproductions of all or part of said negatives and to make alterations and additions for publications, films, and related training materials for the purpose of promoting programs at Gateway Community College and the Connecticut State Colleges and Universities.

I agree that I am to receive no compensation no ownership rights.

As part of this agreement, I hereby represent and certify that I am of full age and authority and have the right to contract in my own name.

Signature _____ Date _____

I, the undersigned, being the parent or guardian of the above person, do hereby consent to the above release and signature thereto.

Signature _____ Date _____