



General Authorization and Release Form

I.....

Living at (street address).....

.....

(city).....

hereby give DMACC the irrevocable right to use photographs taken of me today by DMACC to be used in all forms of media and in all manner, including electronic media and/or composite representations, for advertising, trade or any lawful purposes and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

I understand that I will not receive any monetary payment for the use of these photos.

Please check below if:

- I will allow my name, town and program of study to appear with my photo in any of the above media.

Hometown _____

Program of Study _____

- I am 18 years of age or older. (note, we cannot photograph you unless you are at least 18 years or older without a parent's consent)
- I have read this release and am fully familiar with its contents.

Signature.....

Date.....