



GLENDALE COMMUNITY COLLEGE

I authorize Glendale Community College and the Maricopa County Community College District and those acting pursuant to its authority to:

A. Record my participation and appearance in:

Name of event/date _____

Photo shoot Location _____ Photographer _____

On videotape or audio tape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, web, video or audio.

B. Use my name, likeness, voice and biographical material in connection with any of the above mentioned mediums.

C. Exhibit or distribute material containing my image in whole or part without restriction or limitation for any educational or promotional purpose that Maricopa Community Colleges and those pursuant to its authority deem appropriate.

Print Name _____ Signature _____

Phone Number _____ Other _____

Print Name _____ Signature _____

Phone Number _____ Other _____

Print Name _____ Signature _____

Phone Number _____ Other _____

Print Name _____ Signature _____

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Phone Number _____ Other _____

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Print Name _____ Signature _____

Phone Number _____ Other _____

