**NORTH FLORIDA COMMUNITY COLLEGE**

**CONSENT AND RELEASE FOR USE OF PHOTO/VIDEO/LIKENESS**

**PLEASE READ CAREFULLY BEORE SIGNING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give express written consent to North Florida Community College (including the Allied Health Department) (“NFCC”) to publish, print, display or otherwise publicly use for purposes of trade or for any commercial or advertising purpose my name, portrait, photograph or other likeness. Such uses may include, but are not limited to, educational, promotional, advertising, and trade through mediums which include, but are not limited to, film, print, photograph, video, television, radio, internet, social media, and exhibition. I also grant NFCC the royalty-free, perpetual, irrevocable, non-exclusive right and license to use, reproduce, modify, adapt, publish, translate and distribute my name, portrait, photograph or other likeness (in whole or in part) worldwide and/or to incorporate it in other works. I understand that I am not entitled to any benefit or compensation related to the NFCC’s use of my name, portrait, photograph or other likeness.

I hereby waive any right that I may have to inspect or approve any photographs or videos (including sound) and comments or completed products which incorporate all or part of any such photographs, videos, and comments. NFCC has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed.

I hereby voluntarily release NFCC from any and all liability arising out of or in any way related to the use of my name, portrait, photograph (including video), likeness and comments, including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

This express written consent shall apply from the date of execution of this document and until I revoke such express written consent in writing. I have read this document before signing and fully understand the contents, meaning and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing.

Name (Printed and Signed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number/Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, Name and Signature of Parent/Legal Custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Withdrawal of Consent**

 I withdrawal my consent as of the date of my signature below (check box).

I understand that every effort will be made to remove the item within a reasonable timeframe. I also understand that this item may have been copied without permission, and I agree not to hold NFCC responsible for instances of these violations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_