



## PHOTO, VIDEO OR INTERVIEW RELEASE

I, the undersigned, consent to each and every use by the Washington State Community College Consortium for Study Abroad (WCCCSA), and its officers, employees, and agents of:

- each photograph, video or other likeness of me taken/recorded on or after \_\_\_\_\_ (date) and/or,
- comments provided in interviews.

Such uses may include, but are not limited to, publication, newspaper, advertisement, web site, video or other publication or recording. I waive any right to compensation for such uses, or to inspect or approve the uses beforehand. I release WCCCSA, its legal representatives and all persons acting under its permission or authority, from any liability for any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced, as well as any publication or other uses thereof.

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

Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_