

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# MODEL RELEASE

Job No. \_\_\_\_\_

Date \_\_\_\_\_

I hereby consent to and authorize the use and reproduction by Community Colleges of Spokane of any and all photographs of any medium, and information obtained of and from me by written or verbal means for educational, promotional or other CCS purposes without compensation. Furthermore, I release CCS from any and all liability. I understand that all photographic prints, tapes or other visual record of me, and any information gathered from me will be the sole property of CCS.

Shoot location \_\_\_\_\_

\_\_\_\_\_

Student       Faculty       Administrator       Alum       \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_