



Selkirk College

## Photo Release Form

PROJECT:

TIME/ DATE:

LOCATION:

PHOTOGRAPHER:

INSTRUCTOR/COORDINATOR:

*I hereby grant permission to Selkirk College to use photograph(s) created from the aforementioned photo-shoot on its website, in other college publications or promotional materials in the near future or at a later date. I acknowledge the college's right to crop or treat the photograph at its discretion. I agree to indemnify and hold harmless any claims from Selkirk College or Selkirk College employees. I acknowledge that the photography produced as a result of any work contracted, will remain the property of Selkirk College and may not be sold to other clients or agencies.*

_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL
_____ PRINT NAME	_____ SIGNATURE	_____ EMAIL