Photo Release Form

*I hereby grant permission to Selkirk College to use photograph(s) taken of myself or photographs I have taken and supplied on its website and in any collateral promoting the college, and I acknowledge the college’s right to crop or treat the photograph at its discretion. I also acknowledge that the college may choose not to use my photo(s) at this time, but may do so at its own discretion at a later date. I agree to indemnify and hold harmless any claims from Selkirk College or Selkirk College employees, and I am not responsible for misrepresentation of the images used outside of the college’s agreement. I acknowledge that photography produced as a result of any work contracted or taken by a college photographer, will remain the property of Selkirk College and may not be sold to other clients or agencies.*

**NAME** (FIRST & FAMILY NAME):

**PROGRAM**:

**COLLEGE EMAIL**:

**SIGNATURE**: