

Video/Photo Release Form

PROJECT:
TIME/ DATE:
LOCATION:
PHOTOGRAPHER:
INSTRUCTOR/COORDINATOR:

I hereby grant permission to Selkirk College to use photograph(s)video footage created from the aforementioned video/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, its agents or employees. I acknowledge that the photography/video 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	FMAIL