

## Northern Essex Community College Model Release Form

Date: \_\_\_\_\_ Location: \_\_\_\_\_

I acknowledge and consent to the use of my photography/image/video footage in any and all publications, videos, and online communications created by Northern Essex Community College. I waive any rights to compensation in any form. The college is not required to obtain my permission to reuse or republish this photograph/image/video footage in the future.

PLEASE PRINT NAME: \_\_\_\_\_  
*participant or parent/guardian if under 18*

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

201705-018

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