

I, the undersigned, consent to each and every use by Bellevue College, and all of its officers, employees, and agents of 1) each photograph, videotape or other likeness of me taken/recorded on \_\_\_\_\_ (date) and/or 2) comments provided in interviews on \_\_\_\_\_ (date) and/or in writing. Such uses may include, but are not limited to, every use in a publication, newspaper, advertisement, web site, videotape presentation, television show or other publication or recording. I also waive any right to compensation for such uses, or to inspect or approve the uses beforehand. I release Bellevue College, its legal representatives and all persons acting under its permission or authority, from any liability for any blurring, distortion, alteration or optical illusion that may occur with these pictures.

Name	Phone (include area code)	Email	
Street Address	City	State WA	Zip code

Signature	Date
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If the individual signing the above release is under age 18 (or if the individual is 18 or older and has a legal guardian), both the individual and the responsible parent or guardian must sign.

Signature of Parent of Guardian	Date
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***To be completed by photographer***

Location and/or Event	Subject Gender	Subject Hair Color
Clothing or other identifiable features of subject (glasses, shawl, baseball cap, etc.)		

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**Routing Instructions**

- 1) Public Information Director