Media Release Agreement

I hereby consent to the use of my photograph, image, voice, written and/or verbal statements ("Materials") by the Colorado Community College System (CCCS) in its publications, videotaping, advertisements, brochures, websites, etc. ("Media"). This consent includes the unrestricted right and permission to copyright and use, reuse, publish, republish, edit, alter, exhibit, transfer and/or distribute the Materials. I agree that CCCS will be the owner of the Media and may use my Materials without my name for lawful purposes, including the above. I understand that I will not have an opportunity to review or approve uses of the Materials or Media, and I hereby waive any right to inspect or approve the same. I further acknowledge that there is no agreement or promise by CCCS to compensate me in any way for the use of my Materials in aforementioned manner. I hereby release CCCS from any and every claim, demand, right, or cause of action of whatever kind or nature, either in law or equity, arising from the use of my Materials.

I also authorize the use of any information I provide to CCCS with regard to my career, personal life, and accomplishments for use in its Media.

By signing, I acknowledge that I have read the above authorization, release and agreement, and I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representative, and assigns.

☐ I am over 18 years of age.

☐ I am not over 18 years of age.

Name: ____________________________________________

Phone: ____________________________________________

Email: ____________________________________________

Signature: ____________________________________________

Date: ____________________________________________

ONLINE FORM: https://cccs-forms.formstack.com/forms/cccs_media_release_agreement
If the above signatory is under 18 years of age, the parent or guardian must also complete the following:

I am the parent or guardian of the person whose image or voice may appear in the Materials and Media, and on behalf of the minor, I give my consent and authorization as set forth above.

Name: __________________________________________

Phone: __________________________________________

Relationship: ______________________________________

Email: ___________________________________________ 

Signature: _________________________________________

Date: _____________________________________________