

# MEDIA RELEASE FORM



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

Circle One: Student    Faculty    Staff    Non-RSTC

If Student, Program: \_\_\_\_\_

Preferred Email or Phone #: \_\_\_\_\_

Printed Name: *(Please Write Legibly)*

\*Signature:

▶ \_\_\_\_\_ ▶ \_\_\_\_\_

## **Under 18/Legal Guardian Authorization**

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

**\*By signing this form you agree to the following terms.**

I give Reid State Technical College\*\* (RSTC) permission to take photographs or video of me and to use the photographs, video or audio in its print and internet publications or productions, including advertising, signage and promotional materials, and for commercial purposes. I also give RSTC\*\* permission to use my name and program information in an accompanying caption, if applicable. I assign all right, title and interest I may have in any photograph or video to RSTC. I agree that the photographs and video are the property of RSTC and hereby release RSTC from any and all claims that I may have from its use of my image or voice, including but not limited to any claim for compensation.

*\*\* Permission granted extends to all affiliates and affiliated centers, foundations and training programs to which RSTC is a part of or participant in.*