



RIGHT OF CONSENT RELEASE WITHOUT COMPENSATION

Project Working Title: _____

Production Location: _____

Production Date(s): _____

Instructor/Dept.: _____

I understand that the project mentioned above is being produced and distributed by the Alamo Colleges (referred to as Colleges in this agreement).

I also understand that by this release I consent to the use of my likeness and voice, including all related photographs, video, and/or sound recordings, for research, educational, and advertising purposes by the individuals authorized by the Colleges.

I also acknowledge that the Alamo Colleges is and will be the sole owner of all rights to such photographs, video, and/or sound recordings of my participation, and I shall not receive compensation for my appearance and voluntary participation in this project.

_____/_____
Full Legal Name of participant Phone (XXX) XXX - XXXX

_____/_____
Signature of participant Date

Address: _____
Street

_____/_____/_____
City State Zip

If not over 18:

I represent that I am the parent/guardian of the above named person. I hereby consent to the foregoing on his/her behalf.

_____/_____
Signature of parent/guardian Date