Model Release

Model Release

Date	Witness		
Print NameSignature*			
Signature of Parent or Guardian (if m	ninor)*		
E-mail	Phone_		
City		_State	_Zip

HOLYOKE
COMMUNITY
COLLEGE

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COLLEGE

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DateWitness			
Print Name Signature*			
Signature of Parent or Guardian (if minor)*			
-mail	Phone_		
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I hereby waive any right to inspect or approved the finished video footage, photograph, or advertising copy or printed or otherwise distributed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

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I hereby warrant that I am 18 years of age or older, competent to contract in my own name insofar as the above is concerned.
I represent that I am the parent or guardian of the minor named on the reverse side of this document and have authority to execute this release. I hereby consent to the foregoing on behalf of the minor named on the reverse side of this document.

I have read the foregoing release, authorization and agreement, before affixing my signature on the reverse of this document, and warrant that I fully understand the contents therefore.

For and in the consideration of my engagement as a model by Holyoke Community College, hereafter referred to as HCC, I hereby give HCC, its legal representatives and assigns, those for whom HCC is acting, and those acting with its permissions, or its employees, the right and permission to copyright and/or use, reuse and /or publish, and republish video, photographic pictures or portraits of me, or in which I may be distorted in character, or form, in conjunction with my own or fictitious name, or reproductions thereof in color, or black and white made through any media by HCC, for any purpose whatsoever; including the use of any printed matter in conjunction therewith.

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