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Photo Release Form (2020-2022)

(Upon signing the form, the student agrees to allow the Warren County Community College to use their image for marketing, recruitment, website, or other print material.)

Photographer's Name: ____ (Subject submitted photo) _____

Subject's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Date: _____

For valuable consideration, I hereby irrevocably authorize the photographer named above, and/or parties designated by the photographer, including clients, agencies and periodical, to use my photograph, with or without my name, for sale, or for reproduction in any medium for editorial, advertising, trade, exhibition or other lawful use without further compensation.

____ I am over 18 years of age.

Signature

Date

____ If above mentioned is a minor, check here.

I hereby certify that I am the parent/guardian of the above named photographed subject and consent, without reservation, to the above on behalf of the above named minor.

Signature

Date