



**Beaufort County Community College**  
**P.O. Box 1069 Washington, North Carolina 27889**  
**252-946-6194**

## **Consent & Release Form**

Project: \_\_\_\_\_

I hereby grant my consent to Beaufort County Community College (BCCC) to use all photographs, motion pictures, video or sound recordings of myself taken by BCCC or its agents or employees, in which I may be included in whole or in part, in connection with any activity or ceremony sponsored by or conducted by BCCC, or in connection with any publication, web site, literature, broadcast or promotion published, broadcast, televised or otherwise disseminated by BCCC, its agents, employees, assigns, or licensees, without my prior review or approval and without compensation to me of any nature.

And I hereby release BCCC, its agents, assigns, licensees and employees from any and all claims, demands, damages, suits and obligations otherwise inuring to me on account of the publication, reproduction, use, sales, broadcast, transmission, distribution and dissemination of such materials.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Location of Photo: \_\_\_\_\_

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of guardian  
[if under 18 years of age] \_\_\_\_\_