

Participant Photographic Release

I do hereby authorize Community College District No. 502 (College of DuPage), 425 Fawell Blvd., Glen Ellyn, Counties of DuPage, Cook and Will, Illinois, its successors and assigns and those acting under its permission and on its authority, the irrevocable right to use my name (or any fictional name), picture, portrait or photograph in all forms and media and in all manners, including composite representation, for advertising, trade, or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I do hereby warrant that I am of legal age and have every right to contract in my own name in the above regard and further that I have read the above authorization and release, prior to execution and I am fully aware of the contents.

Date: _____

Participant/Student Name *(Print)*

Participant/Student Signature

Parent/Guardian Signature *(if participant/student is under 18 years old)*

For Office Use Only:

Event/Publication for which photo is being taken: _____

Describe photo location: _____