



Grant of Right to Use Name and Photograph Media Release of Liability

I grant permission to the Colleges of the System of Connecticut Community Colleges and the Health and Life Sciences Grant to use my name, comments, video footage, information and photographic image or personal photographs, alone or in a group, in any publication or publicity release, without compensation of any kind. I understand that my name, comments, video footage, information and images may be used in print or electronic publications, website, video or other forms of media.

I waive any right to inspect or approve the finished product, including written copy, which may be created in connection with these materials.

I release the Colleges of the System of Connecticut Community Colleges and the Health and Life Sciences Grant from any and all liabilities and damages which may arise at any time now or at any time in the future from the use of my name, comments, video footage, information and photographic image related to my participation in activities.

I have read this release and am fully familiar with its contents. (If under age 18, parent or guardian must also sign.)

1. *(please print name)* _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

2. *(please print name)* _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

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Connecticut
Health & Life Sciences
Career Initiative

3. (please print name) _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

4. (please print name) _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

5. (please print name) _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

6. (please print name) _____

Date: _____

Phone (Optional): _____

Email: _____

Signature: _____

Parent Signature (If under age 18): _____

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