

Pasco-Hernando Community College



College Reach-Out Program
Media Consent and Release

I, the undersigned parent or legal guardian of _____
(Please print name of minor child)
hereby authorize the College Reach-Out Program/Center of Excellence or their designees, including (without limitation) members of the media, to photograph and obtain biographical information concerning my child. This permission to photograph includes portraits, pictures, or videotapes, which may, in whole or part, be used in conjunction with the College Reach-Out Program/Center of Excellence. I hereby authorize the College Reach-Out Program/Center of Excellence to give a copy of my child's photograph and biographical sketch to any Sponsor as the Program requires.

I hereby waive the right that my child or I may have to inspect and approve the photograph, pictures, videotape, biographical sketch, or the use for which they may be applied.

I hereby release, discharge, and agree to hold harmless the College Reach-Out Program/Center of Excellence and any Program Sponsor, representative, assign, or employee from any liability by virtue of any use whatsoever, of said photographs and biographical sketch. I understand that this release is valid for the length of time that my child remains in the College Reach-Out Program/Center of Excellence.

Dated this ____ day of _____ in the year of _____

Name of minor child: _____
(Please print name of minor child)

Signature: _____
(Parent or Legal Guardian)

Address: _____

City: _____ State: ____ Zip Code: _____