



SEMESTER/ YEAR \_\_\_\_\_  
PROJECT NAME \_\_\_\_\_  
EMAIL \_\_\_\_\_

Form: Photo and Video Release  
Source: Office of Marketing and Communications

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

**Photo/Video Release**

I agree to grant California College of the Arts (CCA) and its authorized representatives permission to photograph, video, or otherwise record my image and/or voice. I further agree that any or all of the material photographed or recorded may be used, in any form, as part of any future printed or digital materials used to promote CCA, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

1.

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Printed Name	/	Email or Phone Number
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Signature

2.

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Printed Name	/	Email or Phone Number
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Signature

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Printed Name	/	Email or Phone Number
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Signature

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Printed Name

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Email or Phone Number

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Signature

5.

Printed Name

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Email or Phone Number

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Signature

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Printed Name

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Email or Phone Number

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Signature