

MULTIMEDIA CONSENT AND RELEASE FORM

I hereby authorize **BROWARD COLLEGE** and those acting pursuant to its authority to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic or any other device or medium;
2. Use my name in connection with these recordings; and
3. Use, reproduce, exhibit or distribute in any medium (including but not limited to, print publications, video tapes, CD-ROM, Internet, social media, or any other medium) these recordings for any purpose that BC, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release BROWARD COLLEGE and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of BROWARD COLLEGE, and that I will not receive any compensation for the use of such recordings.

I have read and fully understand the terms of this release.

Name_____

Address_____

City_____State_____Zip_____

Email_____Phone_____

Signature_____Date_____

If under 18 years of age, parent/guardian signature is required.

Parent / Guardian Signature_____Date_____