

MODEL RELEASE FORM

DATE OF ORIGINAL PHOTOGRAPHY:
PHOTOGRAPHER:
EVENT: RET DAYS Dec 5-6, 2017

The undersigned hereby grants to Macomb Community College, its employees, agents, successors or assigns, the irrevocable right to use Subject's name (or any fictional name), image, picture, portrait, photograph or voice, in any and all forms of media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purpose. The undersigned understands and agrees that Subject will not be compensated for the rights granted hereunder and that Subject shall have no right to inspect or approve the finished product or any written copy that may be created in connection therewith. If Subject is under 18 years of age, the undersigned represents and warrants that he or she is the parent or legal guardian of Subject or otherwise legally authorized to sign this Release on Subject's behalf.

Date: _____

Signature of Subject/Parent or Legal Guardian

Subject's Name (Please Print)

Subject's Address

Subject's Age (if a minor)

Subject's Telephone Number

Model Release forms must be returned to:

Susan Bates upon your arrival at Auto STEAM Days or in advance to:

batess@macomb.edu