



## Video/Photography Marketing Release Form

Subjects Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Title: STEM Academy

Project Location: Main Campus

\*Name of CVCC Project Coordinator: Jill S. Markwood, Media Specialist III

*I hereby consent that all imagery taken of me for Central VA Community College and the Central VA Community College Foundation may be used by both entities for the purpose of Illustration, presentation, advertising or publication in any manner. This includes but not limited to radio, newspaper, television, billboard, ads, brochures, videos, and the college website.*

\_\_\_\_\_  
Signature of Subject

August 10, 2019  
Date

Jill Markwood  
Signature of CVCC Project Coordinator

August 10, 2019  
Date

\_\_\_\_\_  
Signature of Guardian  
(If subject is under the age of eighteen)

\_\_\_\_\_  
Date

\*Project Coordinator is the name of the person in charge of putting the project together.