



Dallas County
Community Colleges

PHOTO RELEASE

DATE: _____

For good and valuable consideration, I, my heirs, executors, administrators, assignees and spouse, if applicable, agree without further recourse to total and complete authorization by the Dallas County Community College District, its employees and agents to all photographs, negatives, digital images, proofs or slides, or other visual depictions which the College District has taken of me or my children this day for any purpose whatsoever without further compensation or remuneration to me and that all photographs, negatives, digital images, proofs or slides, or other visual depictions shall completely and irrevocably remain the property of the Dallas County Community College District.

I have read the above and so evidenced by my signature below.

NAME: _____
(please print)

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Signature of Parent or Guardian: _____
(if subject is a minor)