

Attachment 1
Photo/Video/Story Release Form



PHOTO/VIDEO/STORY RELEASE FORM

I _____ give permission for Mohawk College to use my story and/or photo/video for print, electronic and visual use in perpetuity, to promote the College.

In signing this form, I realize that I will receive no remuneration for the above.

NAME:

* Please print clearly

SIGNATURE:

DATE:
