

# ***Photo/Likeness/Video Release***

## ***Office of Student Activities at Kapi'olani CC***

I authorize Kapi'olani Community College Office of Student Activities (OSA) to photograph or videotape me and consent to the use of my likeness in any and all publications, educational material, research, advertising, news media, video, and World Wide Web materials; and I acknowledge the College's right to crop and treat the photograph and/or video at its discretion. I further understand and agree that these materials may be kept on file and/or be used by Kapi'olani Community College for potential future uses and further agree to release the College from any and all liability arising from or in connection with taking, use, publication, or dissemination of such materials.

***PRINT CLEARLY & LEGIBLY:***

***NAME:*** \_\_\_\_\_

***SIGNATURE:*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

Choosing to not sign this release will result in your not being able to participate in the OSA activity/event for which this form has been designated.

\*Please have all participating members fill out the Photo release form