

*A World of Cultures
United in Learning*



**Photo Release Form
Office of College Advancement
Ohlone Community College District**

I, the undersigned, hereby assign all rights to photographs taken of my son or daughter who is under the age of 18 to Ohlone College and its designees on _____.
I understand the photos may (or may not) be used for advertising and publicity purposes or any other use Ohlone College intends, which may include billboards, print, web and broadcast advertisements, catalog and schedule covers or fillers, or other publicity or advertising purposes.

I understand that I will not be compensated for use of the photos or time spent while taking the photos. I also acknowledge that there will be no notice given to me as to when or how Ohlone College or its designees may use the photos.

By signing below, I acknowledge that I have received a copy of this release form and agree to all conditions herein.

Print name of Minor _____

Fill out below with information from Parent or Guardian of Minor

Name (Print) (Signature) (Phone #)

Address

Ohlone Community College District
Office of College Advancement
43600 Mission Boulevard
Fremont, CA 94536
510.979-7941