

Photo Release Form
Office of College Relations
Ohlone Community College District

I, the undersigned, hereby assign all rights to photographs taken of me this day _____ to Ohlone College. 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 and broadcast advertisements, catalog and schedule covers or fillers

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 for what purposes Ohlone College may choose to use the photos.

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

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