



PHOTOGRAPHIC RELEASE

I give the Edward Via College of Osteopathic Medicine the right to use any photographs or video of me in its own promotional materials. I waive any right to inspect or approve the finished photographs, printed or audiovisual matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or any compensation arising from or related to the use of the photograph or video.

Printed Name of Subject Photographed or Videod

Date

Signature of Subject or Parental Signature of Minor

To be filled out by VCOM

Name of event

Location

VCOM Faculty/Staff/Student Name

Date