

ACC VISUAL COMMUNICATION DEPARTMENT
Consent to Use my Picture, Name, Artwork, and Written/Oral Statements

I understand that Austin Community College District (ACC District) is undertaking initiatives to promote the College and its programs. I wish to assist in these efforts and hereby grant ACC District permission as follows:

1. I permit ACC District and its authorized agents to use, re-use, publish, and re-publish, in any medium, in whole or in part, without restrictions as to changes or alterations, photographs of me individually or group photographs in which I am included.
2. I permit ACC District and its authorized agents to use my name and/or major if ACC District so chooses.
3. I permit ACC District to use written statements or quotes by me that I may provide to them about ACC District and my experiences there.
4. I permit ACC District to reproduce student projects created by me in **any** of my Visual Communication classes.

In signing the Consent I understand and acknowledge that:

- *My photograph, name, artwork, or statement may be used for ACC District purposes in displays, slide/tape presentations, film, videotape, or electronic communication productions for instructional, informational, promotional, or other purposes.*
- *I will not receive any remuneration for the use of my name, photograph, artwork, or quote.*
- *I release ACC District's trustees, president, appropriate vice presidents and other administrators, faculty members, and staff from liability for any claim or course of action resulting from or in any way related to the use or publication of such photographs, artwork, or statements.*
- *Said material, with the exception of student projects, is the sole property of Austin Community College District or its assignees.*
- *I am over 18 years of age and otherwise legally competent to sign this Consent.*
- *I have read this Consent in its entirety and understood it prior to executing it.*

Signature: _____

Name (Please print CLEARLY): _____

Date: _____ **Phone:** _____

Email: _____

Mailing address: _____

Class: _____ **Instructor:** _____

If the person signing is under 18 years of age, the parent or guardian should also give consent, as follows:

I hereby certify that I am the parent or guardian of _____, the participant named above, and I do give my consent without reservations to the foregoing on behalf of him or her or them.

Signature of Parent or Guardian:

_____ **Date:** _____