

**Photo and/or Video Release Form**  
**Jefferson Community College**  
**Watertown, NY**

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*My signature indicates that I have read, understand, and agree to these uses of videotapes and/or photographs.*

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**If under 18, signature of parent or guardian:** \_\_\_\_\_

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**Telephone:** \_\_\_\_\_

**School / Grade (if applicable):** \_\_\_\_\_

**Company/Organization (if applicable):** \_\_\_\_\_

**Photo Description/Identifying Info/Filename:** \_\_\_\_\_

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