MODEL RELEASE/CONSENT FOR PHOTOGRAPH USE

1. I understand that Gaston College makes extensive use of photographs in its advertising, press releases, and other promotional materials.

2. I further understand that the above listed materials will be viewed by the general public.

3. I have been advised that I have the right to refuse to participate in photographs.

4. I hereby consent to participate in and authorize the use of my photograph by Gaston College for its advertising, press releases, and other promotional materials.

(PLEASE PRINT CLEARLY)

NAME: ____________________________  ____________________________  ____________________________
               (Last Name)  (First Name)  (Middle Initial)

ADDRESS: _______________________________________________________________________
              (Street Address or Post Office Box)

               ____________________________  ____________________________  ____________________________
               (City)  (State)  (Zip)

SIGNATURE: ____________________________  DATE _________

WITNESS: ____________________________  DATE _________