

STORY AND PHOTO/VIDEO RELEASE FORM

I grant Lower Columbia College and the Lower Columbia College Foundation permission to use my story and/or its likeness and any photographs/videos provided in any and all of its publications, including Web site and social media.

I understand and agree that I have submitted this information and materials voluntarily.

By checking this box, I acknowledge that I have read, fully understand, and agree to the contents, meaning, and impact of this release. If there are any specific details that should not be released, they are specified on this release form.

Details not to be released:

Printed Name: _____

Signed Name: _____

Date: _____

