



Date:

Participant Name:

Project:

Location:

Photographer:

As per the information specified on this form:

I hereby consent that all photographs taken of me may be used by Durham Technical Community College for the purpose of illustration, advertising, college web information/ promotion, or publication in any manner.

Signature _____

Participant Contact Information

Street _____

City _____ **State** ____ **Zip** _____

Phone Number _____

Email _____