



Spelman College

A Choice to Change the World

SPELMAN COLLEGE SUMMER PROGRAMS - PRE-ARRIVAL

SP Photograph/Video Release Form

PLEASE PRINT Student Name _____

CHECK ONE: **CPI 1**

CPI 2

ECP

Permission to Use Photograph/Video

Location: Spelman College campus

I grant to **Spelman College**, its representatives and employees the right to take photographs/videos of me and my property in connection with the above-identified subject. I authorize **Spelman College** its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Spelman College** may use such photographs/videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

PLEASE PRINT - Student Name _____

Student Signature _____

Organization Name (if applicable) _____

Address _____

City, ST Zip _____

(Required for students under 18 years old)

PLEASE PRINT - Parent or Guardian Name _____

Signature Parent or Guardian _____

Date _____

**RELEASE WAIVER OF LIABILITY AND CONVENANT NOT TO SUE
Spelman College Campus Wellness Center**

PLEASE PRINT - Student Name _____

Student I.D. (900) #: _____

Complete and upload form to the SpelCheck student portal prior to the posted deadline.