



Photo Release Form

I understand that the Say Yes To Education program at Medaille College may take photos and/or videos of program participants during program activities and events for use in educational or promotional materials in print, multimedia, or web form. Photos/Videos will only be used for purposes related to the Say Yes To Education program and their related partners.

I understand that I may revoke this authorization at any time by notifying _____ in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. File images will be kept as long as they are relevant and after that time will be destroyed or archived.

Please check the correct box below as to whether you do wish or do not wish to grant Say Yes To Education permission to use your photos/videos taken during a program. Additionally, please complete the information below and sign this form in verification of your permission regarding Say Yes To Education's use of your photos/videos.

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- I DO grant permission for the use of my photo/video.
 - I DO NOT grant permission for the use of my photo/video.

Name:

Phone:

Email:

Address:

Signature:

Date:



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