Johnson County Community College Media Authorization & Release Form - Community

d its employees or agents (collectively, "JCCC") to take photographs, motion pictures and/or dio recordings of me. I agree to my image, voice and/or likeness being used in all forms of and electronic media recordings and publications and/or audio or video productions for poses related to the educational mission of JCCC, including research, education (including		
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and I give my consent and admonization as set it	Juli above.	
Signature of Parent/Guardian	Date	
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