

CONSENT AND RELEASE FORM

I hereby authorize Mercer Co	-	=	
and/or its employees, to photograph my child			
name) and to publish information	tion related to n	ny child's participa	tion in activities at
Mercer County Community C	College, includin	g name and home t	town (not street address).
Photos may be published and for educational, instructional of medium for college purposes Said photographs and the com	or promotional pas deemed appr	purposes, for print of opriate by MCCC is	or computer, or other in perpetuity.
I also release MCCC from any other claims based on my chil MCCC harmless from any and on allegation of copyright infi	ld's appearance d all claims by t	and/or performance he third parties, inc	e and agree to hold cluding any claim based
PLEASE PRINT			
Parent Name			
Child Name			
Address			
City	State	Zip	
Telephone Number			<u>—</u>
Child's School Name			
Parent's Signature		Date	
Datum to Manage County Co		aa Dublia Infame	: Off: DO D D

Return to: Mercer County Community College, Public Information Office, PO Box B, Trenton, NJ 08690.