



Black Hawk College
6600 34th Ave, Moline, IL 61265
309.796.5000
Release Form

Black Hawk College, its agents, successors or assignee all have my permission to use my name, words, written or verbal statements, voice, photograph or likeness (still or motion) of me, edited or unedited, biographical information or other information about me, my personal property including equipment, animals or machines I own, my work site, locations or facilities and any related narrative for advertising, publicity, promotion, news stories or for any other informative purpose and in any way it sees fit to promote the College. This permission is irrevocable in perpetuity and I waive my right to inspect or approve any materials or approve any use. I agree that all such photographs, images, videos, words, quotations, and information thereof connected to this release and consent shall remain the property of Black Hawk College. I further acknowledge that there is no agreement or promise by the College to compensate me in any way for the use of my materials in any manner.

I state that I am 18 years old or older. (If not, parent or legal guardian to complete below). By signing, I acknowledge that I have read the above authorization, release and agreement, and I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone number: _____

Signature: _____ Date: _____

I, the parent or legal guardian of the minor whose signature appears above, agree to the consent given above and further agree to defend, indemnify, and hold harmless Black Hawk College, its agents, successors, assignees, representatives and employees from and against any claim said minor may make against any of the above named entities or individuals arising out of any use made by Black Hawk College, its agents, successors or assignees, representatives or employees of said minor's name, photograph, likeness or narrative.

Signature of parent of legal guardian _____

Date: _____