

Syllabus Acknowledgement

I, _____, have received a copy of the syllabus for _____
and understand all of the policies and procedures outlined herein.

SIGNATURE _____ Date _____

Use of Photographic Likeness Release

For good and valuable consideration, I authorize Dr. ArchMiller to record photographs of me and use, reproduce, modify, distribute, and exhibit such photographs, in whole or in part, without restrictions or limitation for marketing and instructional purposes.

I release Dr. ArchMiller, Concordia College, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the photographic process and waive any right that I may have to inspect or approve the finished recordings.

PRINTED NAME _____

SIGNATURE _____ Date _____

Syllabus Acknowledgement

I, _____, have received a copy of the syllabus for _____
and understand all of the policies and procedures outlined herein.

SIGNATURE _____ Date _____

Use of Photographic Likeness Release

For good and valuable consideration, I authorize Dr. ArchMiller to record photographs of me and use, reproduce, modify, distribute, and exhibit such photographs, in whole or in part, without restrictions or limitation for marketing and instructional purposes.

I release Dr. ArchMiller, Concordia College, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the photographic process and waive any right that I may have to inspect or approve the finished recordings.

PRINTED NAME _____

SIGNATURE _____ Date _____