**PHOTO CONSENT FORM**

I authorize Salt Lake Community College (SLCC) and the Crossroads Utah AHEC Program to take photos/videos of my student during activities or events organized by, or on behalf of, the Crossroads Utah AHEC Program and/or SLCC to be used for historical, informational, and promotional purposes. By signing this document I hereby release the above agencies or individuals from any and all liability that may arise in connection with such use including any and all claims of libel.

*Yo autorizo al personal de Salt Lake Community College (SLCC) y del programa de PACE para poder tomar fotos/videos de mi estudiante, durante las actividades o eventos organizados por el programa de PACE o SLCC para así poder usar estos con propósitos históricos, informativos y promocionales. Con la firma de este documento yo autorizo a las agencias o individuos mencionados arriba una parcial o total responsabilidad para revelar y/u obtener información.*

Student Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Por favor escriba el nombre del o la estudiante Fecha*

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Escuela secundaria Fecha de graduación*

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Firma del estudiante Fecha*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Firma del pariente/tutor Fecha*

*Revised: 02/08/2021*