



Trinity College

HARTFORD CONNECTICUT

Release Form

Consent to photograph, film, tape, and/or interview

Date: _____

Name of Event: **Study Away Photo Contest**

Name of Trinity College representative: Office of Study Away

I agree that Trinity College may use any digital images as they desire. I also understand that such material may be used for publication, Web site, and/or broadcast purposes.

I relieve and hereby agree to hold harmless Trinity College and its agents and employees from any and all liability and I understand that these activities will be carried out with my consent and I assume full responsibility for granting that consent.

Print name

Signature and date