

Photo & Video Release Form

Purpose:

Canadian Aviation College (CAC) uses photos, videos, and recordings for educational, promotional, and informational purposes. This release form ensures that CAC has permission to capture and use images or recordings in which students may appear.

| Student Information | |
|--|---|
| Full Name:Stud | ent ID Number: |
| Program of Study: | |
| Phone Number: | |
| Consent | |
| By signing this form, I acknowledge and agree that: | |
| during school-related activities, training session | se capture my likeness, image, voice, or performance ns, or events. Dished, and distributed by CAC in any medium, including |
| but not limited to: | · · · · · · · · · · · · · · · · · · · |
| Printed promotional materials (brochure | es, posters, newsletters). |
| Digital and online platforms (CAC webs | • |
| Internal educational or training purpose | 2S. |
| , - | shed product, and I release CAC from any claims related lawful and in alignment with CAC's values and policies. xpectation of compensation. |
| Limitations (optional) | |
| Please check if applicable: | |
| [] I consent to photo use only (no video). | |
| [] I consent to use for internal educational purposes | only (not public distribution). |
| Duration | |
| This release remains in effect for the duration of my e | nrollment at CAC unless revoked in writing. |
| Student Declaration | |
| I have read and understood this release form. I conse | nt to the use of my photo, video, and/or audio |
| recordings by CAC as described above. | |
| Student Signature: | _ Date: |
| Parent/Guardian Signature (if under 19): | Date: |
| | |
| CAC Office Use Only | Dele |
| Received by: | Date: |