

RELEASE FORM



Faculty-Industry Co-Mentorship

I, _____, authorize Algonquin College to use, without restriction or remuneration, for education, promotion, or professional development materials, any video, photographs, electronic media or testimonials taken by a photographer, videographer, Algonquin College employee, Zoom recording, or social media ambassador on behalf of Algonquin College.

I confirm that I am at least 18 years old, have the right to enter this agreement, and that the use of my name, voice, likeness, and performance won't violate any third-party rights. I agree to indemnify Algonquin College for any claims or expenses arising from this agreement.

Full Name: _____

Date: _____

Signature: _____