



Student Photo Release Form

I, _____ give Harmony Health Career Training Institute permission to use my photograph or photographic image in official Harmony Health Career Training Institute business, including: school web site, social media sites including but not limited to Facebook, Instagram and Twitter, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

___ Yes, I agree with the release form.

___ No, I do not agree with the release form.

Date: _____

Name: _____

Signature: _____