



Berkshire AHEC Health Scholars' Program @ BCC
Photographic Release Form
 (Individual waiver)



Event _____ **Date** _____

I agree to allow Berkshire AHEC Health Scholars' Program @ BCC to use any photograph containing my image, and waive any and all rights against the college for use of this photograph and/or video.

Print Name _____

Signature _____

Phone _____

Notes _____

Please return this completed form to Berkshire AHEC, Room K-213H
 1350 West Street • Pittsfield, Massachusetts 01201-5786 • 413-236-4500 • www.berkshireahec.org



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