



RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Photograph/Video Release Form - Minor

Name: _____

Activity: _____

Date(s): _____

I hereby authorize and consent to the photographing and/or filming of my child as part of the participation in the above Activity and consent to the use of his/her image(s) and name in media made or used by Rancho Santiago Community College District for any and all purposes, including publicizing the program and student achievements. This includes, without limitation, the program website newsletter, brochures and other promotional information and media forms.

I agree to waive all claims against Rancho Santiago Community College District and to indemnify and hold District, its Board, officers, agents, and employees, (Released Entities) harmless from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Materials.

I understand and agree that although the district has received permission to use a photograph, the district is under no obligation to use any photograph it owns under its jurisdiction.

- No**, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Signature _____ Date _____

Parent's Name and Signature if Participant is under the age of 18 _____ Date _____