



RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Photograph/Video Release Form

Name: _____

Activity: _____

Date(s): _____

By my signature below, I hereby give my permission to be filmed, videotaped, and/or photographed while participating in the activity above.

I hereby grant permission to Rancho Santiago Community College District to use my likeness for still and/or video photography in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail pieces, electronic media, or other forms of promotion (Materials) without further consideration. I acknowledge the district's right to crop or treat the photograph at its discretion. I also understand that if and when my image is posted on a website, the image can be downloaded by any computer user.

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.

Signature _____ Date _____

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