



**SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
RELEASE OF LIABILITY FOR PHOTOGRAPHS/FILM/IMAGES/RECORDINGS**

Name:	E-mail Address:	Telephone Number:
Address:		

I, the undersigned give my permission to South Orange County Community College District (“District”) the irrevocable and unrestricted right to the photographs, film, images, and/or recordings taken of me for various purposes. I give my permission to the District for the reproduction thereof, in whole or in part for the publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I also give my permission for the District to use, exhibit, display, broadcast such photographs, film, images, and/or recordings on social media or otherwise. Furthermore, I give my permission to use my statements that were given during an interview, with or without my name for the purpose of advertising and publicity without restriction. I also waive any right to compensation arising from or related to the use of such photographs, film, images, and/or recordings.

I, the undersigned hereby waive any right to inspect or approve the use of any photograph, film, images, and/or recordings taken during my participation in any District sponsored activity.

I, the undersigned hereby release, discharge, and hold harmless South Orange County Community College District, its officers, agents, employees, and volunteers for any and all claims relating to said photographs, film, images, and/or recordings.

I, the undersigned have read this Release of Liability, fully understand its terms, and acknowledge that I am giving up substantial rights, including my right to sue. Furthermore, I acknowledge and agree that I am signing this Release of Liability freely and voluntarily.

I, the undersigned, intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

STUDENT OR STUDENT’S PARENT/LEGAL GUARDIAN (IF STUDENT IS UNDER THE AGE OF 18):

Signature of Student, if 18 years or older:		Date:
Name of Parent/Legal Guardian:	Signature:	Date:

Once signed, please submit to The Office of Risk Management at riskmanagement@socccd.edu.