



**THE OFFICE OF RISK MANAGEMENT
RELEASE OF LIABILITY FOR PHOTOGRAPHS/FILM/IMAGES/RECORDINGS**

Participant Name:	E-mail Address:	Telephone Number:
Mailing Address:		
Description of Activity/Event:	Sponsoring Site: (check one) ☐ ATEP ☐ IVC ☐ SC ☐ District Services	

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 purpose.

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 give my permission for the District to use, exhibit, display, broadcast such photographs, film, images, and/or recordings on social media or otherwise.

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.

If the above activity includes Open Educational Resources (OER), Zero Textbook Cost (ZTC) courses, and any other format or context thereof, I give my permission and right to the District to use or distribute all materials under a Creative Commons Attribution international license (CC BY 4.0) or equivalent, allowing others to use and remix them with appropriate attribution.

I, the undersigned, do 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, do hereby waive any right to compensation arising from or related to the use of such photographs, film, images, and/or recordings.

I, the undersigned, do 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, give complete and unconditional release of all liability to the greatest extent allowed by law.

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

Signature of Participant (if 18 years or older):		Date:
Name of Parent/Legal Guardian:	Signature:	Date:

Submit completed form to the Office of Risk Management at riskmanagement@socccd.edu.