



## SOLANO COMMUNITY COLLEGE PHOTO AND VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby grant Solano Community College (“SCC”), its affiliates, agents, and assigns, the irrevocable and unrestricted right to use, reproduce, publish, and distribute my likeness, image, voice, and/or appearance as recorded in any photographs, video recordings, or audio recordings taken by SCC or its representatives.

I understand and agree that:

1. **Use of Likeness** – SCC may use my likeness, image, and/or voice for educational, promotional, marketing, informational, or other lawful purposes, in print, digital, social media, websites, and other platforms, without further notification or compensation to me.
2. **No Compensation** – I understand and agree that I will not receive any form of compensation, royalties, or other financial benefits from SCC for the use of my image or recordings, now or in the future.
3. **Ownership** – All photographs, videos, and audio recordings shall remain the property of SCC and may be edited, modified, and distributed at SCC’s discretion.
4. **Release of Claims** – I waive any right to inspect or approve the finished product and release SCC, its Board, agents, officers, employees and assigns, from any claims, demands, damages or liabilities related to the use of my likeness, image, voice, and/or appearance as recorded in any photographs, video or audio recordings, including but not limited to claims of invasion of privacy, defamation, or infringement of rights of publicity or copyright.

### IF PARTICIPANT IS 18 YEARS OF AGE OR OVER:

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning, and impact, and I freely accept the terms.

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

### IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

I am the parent or legal guardian of the minor Participant. I have read this release before signing; I understand its contents, meaning, and impact, and I freely accept the terms on behalf of the minor participant and agree to be bound by the terms of this document.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_