

## VCCCD Multi-Media/ Model Release Form

More Info: 805.652.5504

VCCCD.EDU · MOORPARKCOLLEGE.EDU · OXNARDCOLLEGE.EDU · VENTURACOLLEGE.EDU

I, the undersigned, hereby consent to and authorize the use and reproduction by the Ventura County Community College District, any of the individual colleges within the District, or college related foundation(s), to use my image, likeness and/or voice in the production of college, college district or college related foundation(s) publications, whether in print, video, audio or for a website.

I hereby waive any right to inspect or approve the finished images, advertising copy or printed matter that may be used in conjunction therewith, or the eventual use that the images may be applied.

I release the college, college district or college related foundation(s) from any liability relating to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in connection with the images, or in connection with any processing, alteration, transmission, display or publications of the image.

This agreement constitutes the sole, complete and exclusive agreement between college, the college district or college related foundation(s) regarding the images and I am not relying on any other representations whether oral or written.

This agreement will remain in effect, without compensation to me, so long as the college, college district or college related foundation(s) deems necessary. The original film, prints, negatives, tapes, and/or soundtracks shall constitute the property of the college, college district or college related foundation(s) that created the materials.

SIGNATURE	PRINT NAME	DATE	
ADDRESS	CITY, STATE, ZIP	PHONE	
EMAIL ADDRESS	SIGNATURE OF PA	SIGNATURE OF PARENT OR GUARDIAN, if minor	

ADDITIONAL SIGNATURE PAGES ATTACHED

PRINT NAME  CITY, STATE, Z  PRINT NAME	DATE ZIP PHONE  SIGNATURE OF PARENT OR GUARDIAN, if minor
CITY, STATE, Z	ZIP PHONE  SIGNATURE OF PARENT OR GUARDIAN, if minor
PRINT NAME	SIGNATURE OF PARENT OR GUARDIAN, if minor
	DATE
	DATE
CITY, STATE, Z	ZIP PHONE
SIGNATURE OF PARENT OR GUARDIAN, if minor	
PRINT NAME	DATE
CITY, STATE, Z	ZIP PHONE
	SIGNATURE OF PARENT OR GUARDIAN, if minor
PRINT NAME	DATE
CITY, STATE, Z	ZIP PHONE
SIGNATURE OF PARENT OR GUARDIAN, if minor	
PRINT NAME	DATE
CITY, STATE, Z	ZIP PHONE
SIGNATURE OF PARENT OR GUARDIAN, if minor	
	PRINT NAME  CITY, STATE, 2  PRINT NAME