



# IMAGE RELEASE AND WAIVER

READ CAREFULLY BEFORE SIGNING



I hereby grant the Board of Trustees of the Minnesota State Colleges and Universities and SOUTH CENTRAL COLLEGE permission to reproduce my (or my child's) name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements (hereinafter "Recordings") from \_\_\_\_\_ in any publication of the Board of Trustees of the Minnesota State Colleges and Universities and SOUTH CENTRAL COLLEGE intended for research, educational, promotional, fund-raising or other related use, including webpages and web-based publications, associated with SOUTH CENTRAL COLLEGE.

By signing this form, I waive and release the Board of Trustees of the Minnesota State Colleges and Universities and SOUTH CENTRAL COLLEGE and its officers, agents and employees, from any claim or liability relating to the use of my (or my child's) name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements. I hereby waive any right that I may have to inspect or approve the finished Recordings. I understand that the Recording and copyright will be the sole property of the Board of Trustees of the Minnesota State Colleges and Universities and SOUTH CENTRAL COLLEGE.

I acknowledge that the Board of Trustees of the Minnesota State Colleges and Universities and SOUTH CENTRAL COLLEGE will rely on this waiver and release in producing, broadcasting, and distributing materials containing my or my child's name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from the Board of Trustees of the Minnesota State Colleges and Universities or SOUTH CENTRAL COLLEGE related to this waiver and release or the materials covered by this waiver and release.

I further consent to the public release of the Recordings for the above-stated purposes, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et seq., if applicable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand the contents, meaning, and impact of this waiver and release, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

My (or Child's Name) \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project/Event Name \_\_\_\_\_ Date \_\_\_\_\_

