



South Central
COLLEGE

Image Release and Waiver

I hereby grant the Board of Trustees of the Minnesota State Colleges and Universities (“Minnesota State”) permission to reproduce my name, likeness, identity, voice, photographic image, videographic image, and oral or recorded statements (hereinafter “Recordings”) from _____ [describe event] _____ in any publication by Minnesota State intended for educational, promotional, fund-raising, or other related use, including public display on webpages and web-based publications. I consent to the public release of the Recordings for the above-stated purposes, pursuant to the consent provisions of the Minnesota Government Data Practices Act (Minnesota Statutes Chapter 13) and/or the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et seq., if applicable.

By signing this form, I hereby waive and release Minnesota State and its officers, agents, and employees, from any claim or liability relating to the use of my 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 Recordings and copyright will be the sole property of Minnesota State. I understand I may refuse to be photographed or otherwise recorded, and that there are no known consequences of my refusal to do so.

I acknowledge that Minnesota State will rely on this waiver and release in producing, broadcasting, and distributing materials containing my 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 Minnesota State related to the Recordings.

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). I understand that I may revoke this consent at any time. This consent expires upon completion of the stated purpose for the Recordings or upon written notice that you revoke your consent, whichever comes first.

Project/Event Name _____ Project/Event Date _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

If under 18:

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

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