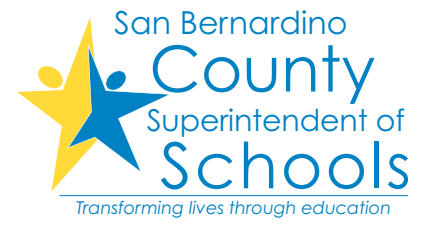


San Bernardino County Superintendent of School  
**2024-2025 MULTIMEDIA  
CONSENT AND RELEASE FORM**



Student Name (print): \_\_\_\_\_

**The undersigned hereby states and agrees as follows:**

I, as a parent/guardian, of the above-named student ("pupil") fully authorize and grant San Bernardino County Superintendent of Schools ("SBCSS") and its authorized representatives, including, but not limited to, employees, affiliates, or agents hired or contracted by SBCSS, the right to print, photograph, record, obtain, edit, and use, as desired, the work, image(s), likeness, and/or voice of the above-named pupil on audio, video, film, or any other electronic or printed formats currently developed or hereafter developed (known as "Recordings"), for the purposes as stated herein or related to such purposes.

I understand and agree that the Recordings may be used for county office of education, school, district, or other local educational agency purposes including, but not limited to, classroom instruction and curriculum, newsletters, student awards, print publications, television broadcasts, and/or websites including SBCSS-controlled and operated social media platforms.

I understand and agree that this consent will remain in effect for the Recordings obtained in reliance on this consent for as long as SBCSS chooses to use such Recordings.

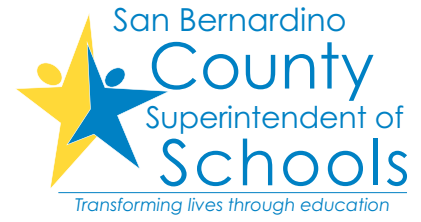
I understand and agree that the Recordings may be distributed in a variety of settings, such as reports, presentations, websites, advertisements, and other settings available to the general public. I understand that SBCSS and its authorized representatives are unable to exercise control over the person(s) who may view and/or copy (download) my pupil's likeness or the uses to which such person(s) may put such information.

I understand and agree that my pupil's name, grade, and/or school information may be used in conjunction with the Recordings, when deemed appropriate by SBCSS or its authorized representatives, in materials produced by or for SBCSS.

I understand and agree that SBCSS and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

I understand and agree that such Recordings are the property of SBCSS, and I hereby waive and relinquish any present or future claim for reimbursement or compensation. I understand and agree that SBCSS and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

# 2024-2025 MULTIMEDIA CONSENT AND RELEASE FORM



I, on behalf of myself, my pupil, our heirs, executors, and assigns, hereby release, discharge, and hold harmless SBCSS and its authorized representatives, officers, trustees, employees, agents, attorneys, successors and assigns, from any and all actions, claims, demands, damages, liability, costs and/or expenses, including attorney's fees, brought by, or on behalf of, the pupil and/or parent or guardian, which relate to or arise out of any use of the Recordings as specified above.

I acknowledge that I have read this consent form in its entirety. I understand that this consent form is voluntary and not a condition of enrolling my pupil in any program operated by SBCSS. I understand I may revoke this consent at any time by making the request for revocation in writing and providing it to the SBCSS Communications and Intergovernmental Relations department, Attn: Jenny Owen. I further understand that my request for revocation will be honored except to the extent that SBCSS and/or its authorized representatives have already taken action in reliance on this consent and are unable to cancel the publication/recall distribution of materials.

By signing, I understand and agree to these terms and conditions of SBCSS 2024-2025 Multimedia Consent and Release Form.

Student Name (print): \_\_\_\_\_

School Name: \_\_\_\_\_

School District/County Office: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Should you have any inquiries or require assistance, please don't hesitate to reach out to the SBCSS Communications and Intergovernmental Relations department at 909.386.2413 or via email at [communications@sbcss.net](mailto:communications@sbcss.net). Alternatively, you can send the form via mail to the following address: Roy C Hill Education Center, 601 North E Street, San Bernardino, CA 92415. We are here to help address any questions or concerns you may have.