



**Mountain Desert Regional Career and Occupational Pathways
Joint Powers Authority**

PUPIL PUBLICITY AUTHORIZATION AND RELEASE

Dear Parent/Guardian:

The Mountain Desert Regional Career and Occupational Pathways (MDCP) JPA requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program.

Your authorization will enable us to use specially prepared materials to increase public awareness and promote continuation and improvement of Career Technical Education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print): _____

2. Birthdate (please print): _____

3. Name of Parent if pupil under 18 years old (please print): _____

a.) I, as a parent or guardian of the above named pupil or as the above named pupil of age 18 or older, fully authorize and grant the MDCP and its authorized representatives, the right to photograph, record, edit, and print as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

b.) I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

c.) I understand and agree that the MDCP and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

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

e.) I hereby release and hold harmless the MDCP and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

MY SIGNATURE SHOWS THAT I HAVE READ AND UNDERSTAND THE RELEASE AND I AGREE TO ACCEPT ITS PROVISIONS.

4. Signature of Student _____

5. Date Signed _____

6. Parent/Guardian (if pupil under 18) _____

7. Date Signed _____

8. Address (Number, Street, Apartment Number) _____

9. City _____

8. State _____

10. Zip Code _____

10. Telephone _____

Granting of permission is voluntary. Please return completed form to MDCP.

CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT

**Publicity Authorization
Waiver, Release and Indemnity Agreement**

Student Name (please print):

By my signature below, I hereby give my permission for my child to be filmed, videotaped and/or photographed while participating in school related activities.

I fully authorize and grant the Chaffey Joint Union High School District and its authorized representatives, the exclusive right, title and interest, to print, copyright, photograph, record, and edit as desired, re-use, publish, re-publish videotapes and/or photographic portraits, pictures or any other electronic and printed formats currently developed (herein referred to as "Recordings"), for the purposes of school related activities. I hereby waive all rights to inspect or approve the finished project or products or the advertising copy of printed matter that may be used in connection with or the use to which it may be applied. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

As a condition of my child's participation, I agree to waive all claims against Chaffey Joint Union High School District (District) and to indemnify and hold District, its Board, officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, including attorneys' fees, suits or judgments, of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any personal injury, bodily injury, or property damage or loss that may arise out of or in any way connected with the use of these Recordings or the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

My signature below shows that I have read and understand the release and I agree to accept its provisions.

Signature of Student

Date

Signature of Parent/Guardian

Date

Parent/Guardian Name (Please Print)

Address (Number, Street, Apartment Number)

City

State

Zip Code

Telephone