San Bernardino County Superintendent of Schools

2026-2027 MULTIMEDIA CONSENT AND RELEASE FORM

San Bernardino County Superintendent of Schools
Transforming lives through education

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, as well as authorized partners, including, but not limited to schools, districts, or other local educational agencies, the right to print, photograph, record, obtain, edit, and use, as desired, the name, grade, work, school information, 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 SBCSS, 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 but that SBCSS, its representatives, or its partners are not under any obligation to use the Recordings.

I understand and agree that SBCSS and/or its authorized representatives and partners shall have the unlimited right to use the Recordings for any purposes stated or related to the above. I understand and agree that the Recordings may be distributed in a variety of settings, such as reports, presentations, websites, advertisements, social media, and other settings available to the general public. I understand that SBCSS and its authorized representatives and partners 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 once the Recordings are disclosed to the public.

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 and partners shall have the exclusive right, title, and interest, including copyright, in the Recordings.

I, on behalf of myself, my pupil, our heirs, executors, and assigns, hereby release, discharge, and hold harmless SBCSS and its authorized representatives, partners 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. If any provision of this consent and release form is held invalid, the remainder shall continue in full force and effect.

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 and partners 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 2026-2027 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. 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.