



## Joint Powers Authority Pupil Publicity Authorization and Release

Dear Parent/Guardian:

The Mountain Desert Regional Career and Occupational Pathways (MDCP) JPA, Southwest Regional Council of Carpenters ("SWRCC"), Victor Valley College request 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 the 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 the 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 understand and agree that MDCP may Livestream events on the Internet, which may include student images, student names, images, and identity information. By signing this Agreement, I consent to allow my pupil's information to be shared in this way.

f.) I hereby release and hold harmless 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 or Livestreams as specified above or which relate to or arise out of participation in a competition.

### **SOUTHWEST REGIONAL COUNCIL OF CARPENTER CONSENT TO PHOTOGRAPH or RECORD ELECTRONICALLY**

Without expectation of compensation or other remuneration, now or in the future, I, the undersigned, hereby grant consent to the Southwest Regional Council of Carpenters ("SWRCC"), its affiliates, and agents, to photograph and make audio and/or video recordings of myself and/or my work for educational, promotional, and/or marketing purposes. I give my consent to SWRCC to use my likeness and/or any interview statements, in whole or in part, in its publications, advertising, or for any other media activities (including on the internet). I also waive any right to inspect or approve any of the above media prior to publication or use.

This consent includes, but is not limited to: (initial where applicable)

\_\_\_\_\_ - (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice.

\_\_\_\_\_ - (b) Permission to use my name; and/or

\_\_\_\_\_ - (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), photograph(s), video recordings, audio recordings, including recordings of my voice, and/or any reproductions of the above, in whole or in part, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in mailings, in educational material, and/or in awareness and marketing campaigns.

**VICTOR VALLEY COLLEGE PHOTO RELEASE**

I grant to Victor Valley College, its representatives and employees the right to take photographs of me and my property for future use in promoting Victor Valley College, the Victor Valley College Foundation, the Victor Valley College Associated Student Body and their interests. I authorize Victor Valley College, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Victor Valley College may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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**MY SIGNATURE SHOWS THAT I HAVE READ AND UNDERSTAND THE RELEASES 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 \_\_\_\_\_ 11. Telephone \_\_\_\_\_

**Granting permission is voluntary.**

**Please return the completed form to [Summer.moreno@mdcareerpathways.com](mailto:Summer.moreno@mdcareerpathways.com)**