

Photography/Video Release Form

I, ______, hereby grant permission to Río Hondo College and its representatives, employees, and assigns (hereinafter referred to as "the College"), the irrevocable right and permission to use photographs and/or video recordings of me, for any and all purposes related to Río Hondo College's activities and programs, including but not limited to educational, promotional, marketing, and any other lawful purposes.

I understand and agree that:

- 1. The photographs and/or video recordings may be used in any form, including but not limited to print, online, social media, broadcast, and any other media now or hereafter known, for purposes related to Río Hondo College.
- 2. The photographs and/or video recordings may be altered, modified, or combined with other materials without any restriction or compensation to me.
- 3. I waive any rights of ownership or control over the use of the photographs and/or video recordings and acknowledge that I have no right to inspect or approve the final product.
- 4. I release Río Hondo College, its affiliates, and their respective employees, agents, and successors from any claims, demands, or causes of action arising out of the use or distribution of the photographs and/or video recordings.
- 5. I am of legal age and have the right to contract in my own name or as the parent or legal guardian of the individual(s) named below.

If the photographs and/or video recordings include minors (under the age of 18), I further warrant and represent that I am the parent or legal guardian of the minor(s) and have the legal authority to execute this release form on their behalf.

Full Name:	
Phone/Cell:	_Email:
Signature:	Date:
If applicable, Full Name of Parent/Legal G	uardian:
Signature:	Date:
Name(s) and Age(s) of Minor(s) (if applicab	ole):
1	Age:
2	Age:
3	Age:

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