

Colton-Redlands-Yucaipa Regional Occupational Program Authorization to Photograph and Publish

Dear Student or Parent/Guardian:

As part of the educational program, Colton-Redlands-Yucaipa Regional Occupational Program (CRY-ROP) students will have occasions to be photographed, videoed, and/or have projects posted on the internet. Written permission is required to reproduce and/or publish through printed, audio, visual, digital or electronic means such activities in which you participate (hereinafter "RECORDINGS"). CRY-ROP will ensure all RECORDINGS conform to policies and procedures, including excluding telephone numbers, addresses or surnames, and/or any information that indicates the location of a student at an exact hour, other than attendance in a school or participation in a school activity. Authorization will provide consent to CRY-ROP to use RECORDINGS to (1) display at partner district campuses, at the CRY-ROP administrative offices and/or adult campus (2) post on partner program, partner district and/or the CRY-ROP web page (3) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, etc.

Printed Name of Student:		

- a. I authorize and grant the Colton-Redlands-Yucaipa Regional Occupational Program and its authorized representatives, consent to print, photograph, record, reproduce, publish, and edit, the RECORDINGS for the purposes stated or related to the above.
- b. I understand and agree that use of RECORDINGS will not include confidential student information and will be without any compensation.
- c. I understand and agree that the Colton-Redlands-Yucaipa Regional Occupational Program and/or its authorized representatives shall have exclusive right, title, and interest, including copyright, of the RECORDINGS.
- d. I understand and agree that the Colton-Redlands-Yucaipa Regional Occupational Program and/or 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 Colton-Redlands-Yucaipa Regional Occupational Program and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the student which relate to or arise out of any use of these RECORDINGS as specified above.

I have read and understand the release and I agree to accept its provisions.

Student Signature:	Date:
Parent Signature:	Date: