

Mt. Hood Community College Release Agreement for Potential Injury or Liability

Complete Annually for Each Student

Name:	Student ID #	<u>N/A</u>	Date of Birth
(Please Print Clearly)			
Address:	City	State	Zip
Home Phone: ()	Evening Phone: (_)	
In case of emergency, notify (nan	ne):		
Address:			
Day Phone: ()	Evening Phone: (_)	
In signing this hold harmless rele sponsored by or offered through I personal property in MHCC active understood that individuals who contact the second sec	Mt. Hood Community College ities. I further understand tha	(MHCC) and that tall activities have	I might volunteer the use of risks to myself and others. It is
By signing this release form, I ag Education, officers, employees, a of Mt. Hood Community College or the use of a personal vehicle as	nd agents from any claims for , that may arise from, or in co	injury or damages	s, except for the sole negligence activities (such as transportation
Furthermore, I understand that the activities should conditions warra			
I understand that if I choose to dr Community College is providing a result of this use (ie: maintenand damage). I also understand that if vehicle are injured and I am neglic Community College is not responsate of my personal vehicle for this assignments (such as a personal vehicle for this	for this event, I accept all respect to include engine damage, of there is an accident my autogent, the liability for their boossible for traffic citations, towns event. If I volunteer personate hicle or small engine as a representation.	consibilities for any cody damage, dam insurance is prima lily injury is my re ng, or parking tick al property for use pair subject), I acce	y wear and tear on my vehicle as age to tires, or any other related ry and if passengers in my sponsibility. Mt. Hood tets which may result from my in MHCC activities or course ept all responsibility for any
I have fully read this release and authorize my instructor, program necessary, in their sole judgment,	leader, or qualified medical pe	ersonnel to take w	hatever first-aid action is
SIGNED:	DATE:		
NOTE: Individual must be 18 signature required if the stude or travel.			
Print Parent or Legal Guardian N Signature:	ame:	Date):
Signature:	Home Phone:		Work Phone:

MHCC ID#:				
Underag	e Release & Liability	y Agreement		
NAME:		DATE OF BIRTH:		
ADDRESS:	CITY:	STATE:	_ ZIP:	
The above named student has permission to academic year. We understand that MHCC ailored to meets the needs of post-secondate the presumption that the student will conditional terms on the conditional terms of the conditi	provides an adult, independer ary adult students. We further duct him/herself as a responsib	nt, collegiate learning e understand that admis ble member of the MHC	environme sion to MI CC commu	nt primarily ICC carries with unity. SUMMER
Signature of High School Principal, Cou	nselor or Designee:			
Name of High School:				
Signature of Student:		/Date:/	_/	
All concurrently enrolled high school student required prior to initial registration. New studies of the end of the quarter, you must on the end of the	Idents age 15 and under must in. Note: If you wish a copy of you wish a copy of you must a copy of your complete a TRANSCRIPT RECE to the third that the community College. The above is the undersigned also under it did activities will be led by individuate the noresponsibility or liability in the undersigned also agrees that in an injury, whether negligent is should conditions warrant and the my personal vehicle instead and passengers in my vehicle lood Community College is not accept any risks, which may for qualified medical personnel	also meet with the Higour MHCC transcript to QUEST form in the MH ipts/ NJURY OR LIABILITY understands they will perstands that all activities duals who may or may unity College, its board connection with any act the college will not be or not. The College rest also to decline to according with the transfor any wear and tear amage to tires, or any care injured and I am not responsible for traffic this event.	h School in the School is be sent to the School in the Sch	Services o your high sions, e in activities ks, both to professional rs, officers, the ble for or liable right to withdray in participants Mt. Hood nicle as a result ed damage). I he liability for towing, or
PARENT/GUARDIAN SIGNATURE REQU	IRED			
Print Parent or Legal Guardian Name:				
Signature of Parent or Legal Guardian:				
Phone:	Date si	gned://		
N CASE OF EMERGENCY, NOTIFY:				
Name:	Relation	nship:		

Phone:





503-491-7204 · Fax: 503-491-6008

PHOTO RELEASE AGREEMENT

(Please return completed form to College Engagement.)

PROJECT:		DATE:		
PHOTOGRAPHER:				
The Subject has not reached the Age of Mairrevocable permission to Mt. Hood Comm	ajority (18 years of age). Therefore, the nunity College as outlined on the reverse	Subject's parent or guardian gives their e side of this Photo Release Agreement.		
Print Subject's Name	Phone Number	Parent or Guardian's Signature		
Please return completed forms to College Engagement.				

COLLEGE ENGAGEMENT



503-491-7204 · Fax: 503-491-6008

Description of video/photographs

This Photo Release Agreement applies to any and all videos/photographs of the Subject, or video/photographs in which the Subject is included, made/taken by the photographer for the project and date noted (on the reverse side) and to all reproductions in any medium of such videos/photographs.

Use of the videos/photographs

The Subject consents to, and authorizes the use of the videos/photographs by Mt. Hood Community College (including authorized representatives and successors), and assigns for any purpose whatsoever, including without limitation: publication, reproduction in any and all media, exhibition or any other form of promotion and/or publicity. The Subject agrees the videos/photographs may be used without compensation for an unlimited time and that this Photo Release Agreement is irrevocable.

Ownership rights in the videos/photographs

The Subject agrees that the videos/photographs, the copyright in the photographs and all other rights in the photographs or copies or reproductions in medium are the sole property of Mt. Hood Community College.

Release from liability

The Subject releases Mt. Hood Community College and all other persons entitled under this Photo Release Agreement from all liability for libel, invasion of privacy, and all causes of action whatsoever in relation to the photographs, their making and use.

FERPA

The Subject understands that photographs or video depicting the Subject may constitute educational records as defined by the Family Educational Rights and Privacy Act ("FERPA"), and the Subject hereby consents to the release of those records.

PORTLAND STATE UNIVERSITY PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE FORM

I authorize Portland State University (University) to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium (hereafter the "Recordings").
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit or distribute to any person, including the general public, and in any medium (including print publications, University webpages, digital videos and other internet or social media postings such as YouTube, Facebook, Instagram, Flickr, etc.) these Recordings for the purpose of publicizing and promoting the University, or any other educational purpose the University deems appropriate.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I waive any right to inspect and/or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of these Recordings may often be made to, and used by the public news media or other entities over which the University has no control; and for which the institution bears no responsibility. I understand that all such Recordings, in whatever medium, shall remain the property of the University. This release will remain in effect unless and until revoked by me in a written communication to the University. I have read and fully understand the terms of this release.

Signature
Print Name
Email
Phone
Legal Guardian Signature (if under 18)
Today's Date
Rev: 09/01/2020

2024 NW Cyber Camp Photo Release Form

I hereby authorize NW Cyber Camp, hereafter referred to as "Camp" to publish (or have published by agencies and media) photographs or videos taken in the months of **July and August**, **2024**, of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Camp's print, online and video-based marketing materials, as well as other Camp publications.

I hereby release and hold harmless Camp (and its organizers, sponsors, hosts and volunteers) from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Camp to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Camp publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Camp, its contractors, its volunteers and any third parties involved in the creation or publication of Camp publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Participant Name (print):				
	(First)	(MI)	(Last)	
Participant Signature:			Date:	
Parent/Guardian Name (print):				
	(First)	(MI)	(Last)	
Signature of Parent/Guardian:			Date:	