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**MEDIA CONSENT AND RELEASE FORM**

I hereby authorize Scripps College and those acting on its behalf to:

1. Record my image, likeness, original composition, and/or voice on a photographic,

video, audio, digital, electronic, or any other medium;

(b) Restrict use to: a. print only,

 b. web only,

 c. no restrictions;

(c) Use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that the College may deem appropriate, including promotional or advertising efforts; and

 (d) Use my name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and that they shall remain the property of the College. I release the College and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Signature: Date:

Name (print):

Email:

Class year:

Parent/Guardian Signature (if under 18):

 Date:

Guardian’s Name (print):