

How to Fill out the Risk Form & Talent and Release Form

How to fill out the Risk Form

- First Blank- your name
- Second Blank- the name of the SL Agency
- Third Blank- list the risks that are involved in the SL experience, if there are none then write "none"
- Bottom- Sign and date
- If you are considered a minor please have your parent or guardian sign and also put the date when you turn 18.

How to fill out the Talent and Release Form

- Only fill out the top portion of the form, the bottom portion does not apply to this project
- You will need a witness to watch you fill out the paperwork
- Print your Name, Address, Date, Phone Number and sign.
- Have the Witness sign- the witness can be anyone that watched you fill out the form
- If you are under 18 then please have your parent or guardian sign
- Once the form is complete you can either scan and email it to:
landis.elliott@estrellamountain.edu or drop it by the Career & Transfer Center.



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

TALENT RELEASE FORM

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
Use my name, likeness, voice and biographical material in connection with these recordings.
Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: _____ Date: _____

Address: _____ Phone No.: _____

Signature: _____

Parent/Guardian

Signature (if under 18): _____ Witness: _____

(Complete the following if intended use includes broadcasting)

In addition, I authorize the Maricopa County Community College District, and those acting under its authority, to broadcast my participation, appearance or performance on Maricopa Colleges Television ("MCTV") facilities in Maricopa County and on any television stations licensed to MCTV. None of the stations are commercial stations. The number of broadcasts will not exceed _____ during the 12 months following the date of my appearance or performance. MCTV may edit the recording of my performance to meet time requirements and may play such recordings in whole or in part to meet its schedule. MCTV will cease using any edited recording upon my objection to it in writing. MCTV may use my name, photograph, biographical information and short excerpts of my appearance or performance for promotional use without my inspection or approval of the finished product.

I understand that I will not receive any compensation for the distribution of my appearance or performance through MCTV. I also understand that MCTV is not obligated to broadcast or distribute my appearance or performance, and that any use that MCTV may make of my appearance or performance is at its sole discretion.

[] I am / [] I am not the owner of the intellectual property in the work that I performed or will perform ("Work").

The name and description of the Work that I own is: _____

As the owner, I give MCTV a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCTV at no additional cost beyond any fees that the Maricopa County Community College District has paid or will pay me for my appearance.

Name of Event: _____

Date of Event: _____

Name: _____ Signature: _____

Parent/Guardian

Signature (if under 18): _____ Witness: _____

The Maricopa County Community College District will provide the signer with one copy of the tape of the appearance or performance at no charge, if requested. Additional copies may be requested for a charge.



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GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity.)

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date