Ventura County Fire Protection District
Publicity and Photo Release Form

I, _____, as a participant in the below-noted Ventura County Fire Protection District (VCFPD) program or activity (check which applies),

☐ Explorer ☐ Ride-A-Long ☐ Volunteer

☐ Student (of a class or activity on VCFPD property and/or instructed by VCFPD personnel),

understand, authorize, assign, and release from VCFPD the following:

Use of Information: I understand that VCFPD routinely records the name, photograph, likeness of, and video and audio records (collectively, "Media") of persons engaged in one or more of the programs or activities cited above. I understand that while I am engaged in one or more of the programs or activities cited above, Media depicting me may be generated by VCFPD, and that such Media may be used by VCFPD to inform the public regarding VCFPD or for any other purpose not prohibited by law.

Authorization: I authorize VCFPD or its agents to use Media depicting me for any purpose not prohibited by law. I also authorize VCFPD to reproduce, modify, and display Media depicting me for any purpose not prohibited by law, at any time, and for VCFPD to own and register all copyrights, depictions, and recordings of the same.

Assignment: I irrevocably assign to VCFPD the unlimited right to use, publish, and otherwise reproduce, modify, and display any Media generated by VCFPD which depicts me.

Release: To the extent possible by law, I waive all claims or causes of action which I have, may have, or may acquire against VCFPD and all of its employees and officers due to VCFPD's use of the Media described above. I also release VCFPD from any liability resulting in any injury to my person, monetary damages, or damage to or loss of my property arising out of VCFPD's use of Media depicting me.

- ☐ **I have read this entire document before signing and agree to the terms stated herein**.
- ☐ **I am an adult over the age of 18 and signing for myself, OR**
- ☐ **I am the legal parent or guardian of the above-named minor participant and authorized to sign this document on his/her behalf.**

Printed Name of Participant: _____

Printed Name of Parent or Guardian: _____

Signature of Participant or Parent/Guardian: _____

Date: _____

Address: _____

Phone: _____