



NOORDA COLLEGE
of OSTEOPATHIC MEDICINE

GENERAL RELEASE FORM (INDIVIDUAL ADULT)

I hereby grant the right and permission, without reservation, to Noorda College of Osteopathic Medicine (Noorda-COM), and those authorized by Noorda-COM, to photograph and/or videotape me and further to display, use and/or otherwise utilize, in original or modified form, my face, likeness, name, information, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, publications or use by third parties) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, for the promotion, public education, and/or fundraising activities of Noorda-COM, without compensation, reservation or limitation. Noorda-COM is, however, under no obligation to exercise any rights granted herein.

I release Noorda-COM, its officers, directors, agents, employees, independent contractors, licensees, and assignees from all claims that I now have or in the future may have, relating to the above.

I agree that Noorda-COM, or its grantees or assignees, will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

Any controversy or claim arising out of or relating to this release or the breach, termination, or validity (including enforceability and scope of this arbitration clause) thereof, shall be exclusively settled by expedited binding arbitration in Noorda-COM's offices administered by the American Arbitration Association ("AAA") and conducted by a sole arbitrator (who shall be an attorney) in accordance with the AAA's Rules ("Rules"). The costs of such arbitration shall be borne equally by the parties, with each party also bearing its own attorneys' fees and any costs associated with presenting its proof. Judgment upon the award rendered may be entered in any Court of competent jurisdiction. The undersigned hereby waives trial by jury which waiver is independent of the agreement to arbitrate disputes.

I am over 18 years of age*

Date _____

Name (print) _____

Signature _____

Address _____

Phone _____

For Noorda-COM Use:

Description of photo: _____



NOORDA COLLEGE
of OSTEOPATHIC MEDICINE

GENERAL RELEASE FORM (MINOR)

I hereby grant the right and permission, without reservation, to Noorda College of Osteopathic Medicine (Noorda-COM), and those authorized by Noorda-COM, to photograph and/or videotape me and further to display, use and/or otherwise utilize, in original or modified form, my face, likeness, name, information, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, publications or use by third parties) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, for the promotion, public education, and/or fundraising activities of Noorda-COM, without compensation, reservation or limitation. Noorda-COM is, however, under no obligation to exercise any rights granted herein.

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Date _____

Name of Child _____ Age of Child _____

Guardian or Parent Name _____

Signature of Parent or Guardian _____

Address _____

Phone _____ Email _____

Description of photo: _____
