



AUTHORIZATION AND RELEASE FOR USE OF NAME, VOICE AND LIKENESS

I, \_\_\_\_\_, hereby grant Suffolk County Community College ("the College") irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as "Works") for the following proposes:

- 1) Teaching;
2) Admissions applications;
3) Professional journal and papers;
4) Institutional publicity and public relations;
5) Archival purposes; and
6) Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likenesses of me.

I agree that the College does not owe me any compensation for the acts I have consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability Of legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

Signature Date

Printed Name

(Signature of legal guardian is needed if subject is under age 18)

Printed Name of Legal Guardian Date

Central Registrar
533 College Road
Selden, NY 11784-2899
(631) 451-4011

Ammerman Campus
533 college Road
Selden, NY 11784-2899
(631) 451-4110

Michael J. Grant Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 54&2500

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# SAFETY RULES OF THE MANUFACTURING MACHINE SHOP

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## STUDENT SAFETY AGREEMENT & ASSUMPTION OF RISK

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING

Student Name: \_\_\_\_\_

Student I.D.: \_\_\_\_\_

By signing below, I hereby agree as follows:

1. **Receipt of "Machine Shop Safety Rules."** I have received and reviewed a copy of the *Manufacturing Machine Shop Safety Rules* ("*Machine Shop Safety Rules*") relevant to my participation in the Manufacturing Program ("*the Program*") at Suffolk County Community College ("*the College*"). I fully understand, and will comply at all times with the information set out in the "*Machine Shop Safety Rules*", as well as directions provided by instructors. If I violate any of the "*Machine Shop Safety Rules*," I understand and accept that I will be subject to disciplinary action, including, but not limited to, the loss of my shop privileges.
2. **Risks of Participation.** I understand and accept that use of machine tools is inherently dangerous and that my participation in the Program is undertaken at my own risk, which includes, but is not limited to, the possibility of injuries, deaths, losses, claims or other matters resultant from, while participating in, or related to, the performance of activities, duties or undertakings relevant to the Program. I acknowledge that all risks cannot be prevented. I have made my own investigation into, and am willing to accept, these risks.
3. **Institutional Arrangements.** I understand that the College does not represent, or act as an agent for, and cannot control the acts or omissions of, any service provider or other person/entity affiliated with the Program. I understand that the College is not responsible for any matters that are beyond its control and I assume those risks. I hereby release the College from any injury, loss, damage, accident, delay or expense arising out of any such matters.
4. **Health and Safety.** There are no health-related reasons or problems that preclude or restrict my participation in this Program.
5. **Assumption of Risk and Release of Claims.** Knowing the risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my heir(s), my executor(s), assignee(s) and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the County of Suffolk and the College, its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program.

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon execution and shall be governed by the laws of the State of New York, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.**

X \_\_\_\_\_

*Signature of Student*

\_\_\_\_\_

*Date*