

PHOTO AND FILM WAIVER

Participant Name: _____

Please check one:

Yes - Media, Photo and Video Authorization

I understand that during the course of the Participant's participation in the Program, that the Program, and those acting with the Program's permission or authority, may capture the Participant's name, likeness, image, or voice in photographic, audio, video, digital or other recording forms ("Recordings"). I give my permission for the Program to: use those Recordings or "Works" produced by the Participant (i.e., art work) for promotional, commercial, informational, or educational purposes in any and all media for any purpose consistent with the Program's or University's mission; and to distort, alter, or use in composite form, either intentionally or otherwise, that may occur or be produced during the production of the finished product(s). I understand that I will not have an opportunity to review or approve uses of the Recordings or Works. I understand that neither the Participant nor I will receive payment or any other compensation for the taking or use of any Recordings or Works created as a result of the Participant's participation in the Program.

No - Media, Photo or Video Authorization

I do not grant permission to Program to take or use the Participant's name, likeness, image, or voice in any form or to use work produced by Participant for any reason unless necessary for the administration of the Program while the Participant is participating in the Program.

PARTICIPANT

(Signature)

Only necessary if minor: PARENT OR GUARDIAN

(Signature)

Minors Date of Birth