Auburn University Youth Program/Camp Media, Photo & Video Release Form

Phone Number:

PROGRAM INFORMATION			
Program/Camp Name: Date(s): Location:		s):	
DOCUMENT.	WIENT CAREFULLT BEFORE S	iidning. IIIIS IS A LEV	JALLI DINDING
In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business the activities of the University, or for promoting, publicizing or explaining University activities or events.			
Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.			
I waive my right to inspect or approve respect to the eventual use to which I	re any Works that may be created by the U Materials may be applied.	niversity using the Materials and	waive any claim with
understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electrons or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive ompensation in connection with the use of my child's image.			
debts, claims and demands of every acts or omissions and any present or	e release, indemnify and hold harmless Unkind whatsoever, specifically including, but future claim, loss or liability for injury to verson, or that may or does arise out of the	ut not limited to, any claim for n person or property that my child	egligence or negligent
mere recital. The information I h document and I understand and a	e agreement between the parties and the ave provided is disclosed accurately an gree to all of its terms and conditions. I an this document is intended to bind d assigns.	d truthfully. I have been give acknowledge that I am signing	n ample to read this this document freely
SIGNATURE AND COMPLETE	NFORMATION IS REQUIRED:		
Parent/Guardian Name:			
Minor Child's Name:			
Address:	City:	State:	Zip: