

I M A G I N E

University of Washington Bothell IMAGINE Summer Program for Youth

www.uwb.edu/education/imagine/

Please sign and include this form with your registration materials.

EXPLANATION TO PARENTS

UW Bothell staff and faculty may ask to interview and/or photograph your student. The photographs and/or information about students who participate in the summer program may be posted on the Education Program's web page, included in newsletters and in other campus publications. This media release form will serve as permission to post such information as needed. If you are willing for this to occur, we request that you complete the form below and include it with your registration materials. It will remain on file in the UW Bothell Education Program Office.

MEDIA RELEASE FORM

I authorize UW Bothell to create recordings of my image, likeness, and/or voice ("Recordings") in connection with my participation in Imagine: UW Bothell Summer Program for Youth. I agree that the recordings may take the form of photographs, films, video and audiotapes, CD-ROMs, DVDs, digital files, streaming media and/or any other media. The university may use the recordings at the university's discretion.

I hereby waive all rights and release the UW Bothell (including its officials, employees, representatives, agents, licensees, successors, and assigns) from, and shall neither sue nor bring any proceedings against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, libel, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the recording.

I further acknowledge that I will not be compensated for any uses made of the recordings, and that the university exclusively owns all the rights to these recordings.

In giving permission, I am not limited by any other agreement that I have entered into. I have read and understood this release and I am over the age of 18. This release expresses the complete understanding between myself and the University with respect to the recordings.

I agree that I have read and understood the contents hereof and that I have the right and the authority to execute this release.

PLEASE PRINT

Name: _____ Date: _____

Signature: _____

Address: _____

If signer is under the age of 18:

I affirm that I am the parent or parent or legal guardian of the above signer. I agree that I have read and understood the contents hereof, and that I have the right and the authority to execute this release.

Name: _____ Date: _____

Signature: _____

Address: _____

