

Please Print Student Name Clearly:

Last Name: _____ First Name: _____

Photo/Video/Film Release

SPLASH AT BERKELEY

4 NOVEMBER, 2018

In connection with my participation in Splash at Berkeley, I hereby:

1. Grant permission to Splash at Berkeley, University of California at Berkeley, and Learning Unlimited to use without compensation to me any still photo, video, or film of me (the participant) taken during the Splash at Berkeley program for the purposes of use in Splash at Berkeley and Learning Unlimited written, electronic, and web publications.
2. Grant permission to Splash at Berkeley, University of California at Berkeley, and Learning Unlimited to include my (the participant's) first name in connection with any still photo, video, or film.
3. Release Splash at Berkeley, University of California at Berkeley, and Learning Unlimited, and their trustees, officers, employees, agents, assigns, licensees, volunteers, and successors from any and all claims that may arise regarding any use of images or information permitted pursuant to this release.

If the above-named participant is not of legal age (eighteen (18) or older), signature of the participant's parent or guardian is also required. Application of signature attests that the participant, or, if not of legal age, the participant's parent or guardian, has read and understands the terms of this photo/film/video release, is competent to execute it, is doing so of their own free will and accord, voluntarily and without duress, and does so intending to bind participant, parent or guardian, executor, heirs and administrators or assigns to the fullest extent allowed by law.

Signature of Parent/Guardian

Date

Signature of Participant

Date

Participant's Date of Birth