

Photograph & Video Release Form

I hereby grant permission to the University of Northern Colorado to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational promotions, presentations or videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic; audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational/informational purposes.

Full Name _____

Mailing Address _____

City _____ State _____

Postal Code/Zip Code _____ Phone _____

Email Address _____

Signature _____ Date _____

If student is under 18 years of age, a Parent or Guardian must sign below.

Parent/Guardian Full Name _____

Parent/Guardian Signature _____ Date _____

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY OF NORTHERN COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY.

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER

In consideration of my being permitted by the University of Northern Colorado to participate in the following activities: For all Undergraduate Academic Engagement and Honors Program activities while enrolled at University of Northern Colorado (such as but not limited to the Honors New Student Retreat to downtown Greeley, Ice Skating, Bowling, Hiking or other activities sponsored by Honors Program or U-Engage) at the following location(s) Various and Various days and times, as a student at University of Northern Colorado. I acknowledge that I am exercising my own free choice to participate voluntarily in the abovenamed activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the State of Colorado acting through the Board of Trustees of the University of Northern Colorado, and their officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities.

I acknowledge that I am aware of any hazards and risks which may be associated with my participation in the above-named activities. I understand, accept, and assume those hazards and risks, and waive all claims against the State of Colorado acting through the Board of Trustees of the University of Northern Colorado, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts or conduct associated with the above-named activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

Legal Name of Participant _____

Signature of participant Date

If student is under the age of 18: his or her parent or legal guardian must also sign.

I, (printed name) _____, am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk and Waiver.

Signature of Parent or Legal Guardian Date

Emergency Contact: _____

Emergency Contact phone Number: _____