

Participant's Name _____

Please Print

CONSENT FOR PUBLICITY RELEASE

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By signing this form, I waive and release The Regents of the University of California and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that The Regents of the University of California will rely on this consent and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from The Regents of the University of California related to this consent and release or the materials covered by this consent and release.

I acknowledge that my presence at the **Interaxon** event may be recorded on film, video and/or audio and used for educational purposes, and this consent and release applies to such use. *The names of students or schools attending the event will not be used or released to the public.*

I have read and understand this agreement and I freely and knowingly give my consent to The Regents of the University of California as described herein.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Participant's Age (if minor) _____