

PHOTO, VIDEO, AND AUDIO CONSENT AND RELEASE FORM
Child Scientist Adventure Week (C-SAW) AT INDIANA UNIVERSITY
BLOOMINGTON

I authorize The Trustees of Indiana University ("IU"), acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of my child, including my child's name, image, likeness, performance and/or voice ("Recordings"). I also grant IU an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by IU, including its assigns and transferees, for any purpose, including but not limited to, marketing, advertising, publicity, or other promotional purposes. I agree that IU will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for my child's participation in the Recordings or for any future use of the Recordings. I release and fully discharge IU, and its employees, agents, and representatives, from any claim, damages, or liability arising from or related to my child's participation in the Recordings or IU's future use of the Recordings.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by it.

Child's name: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____