



Release Form

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") may be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Event Title:	
(Signature)	(Date)
(Printed Name)	(Street Address)
	(City, State, Zip Code)
(If the person signing is under 18, the following will no parent or guardian:)	need to be completed by that person's
I hereby certify that I am the parent or guardian of minor named above, and do hereby give my consent v behalf of this person.	, the vithout reservations to the foregoing on
(Parent/Guardian Signature)	(Date)
(Parent/Guardian Printed Name)	(Relationship to Minor - i.e. Father, Mother, Aunt)