Visual/Audio Image Release Form

Project Name: Teenage Drama Workshop

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I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

____________________________________  _______________
Printed Name       Date

____________________________________  _____________________________
Signature       Telephone or Email Address
If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I **understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

__________________________________________________________________________

Print Name of Minor Participant’s Parent/Guardian  Date

__________________________________________________________________________

Signature of Minor Participant’s Parent/Guardian

__________________________________________________________________________

Minor Participant’s Name