UNIVERSITY OF MICHIGAN

MEDIA, PHOTO & VIDEO RELEASE FORM

Program/Camp: Tau Beta Pi Cub Scouts Day

Date(s): **November 12, 2017**   Time(s):

Location: University of Michigan North Campus

Please check one box:

Yes - Media, Photo and Video Authorization
I understand that during the course of my child's participation in the above-referenced activity, that the Program, and those acting with the Program's permission or authority, may capture my child's name, likeness, image, or voice in photographic, audio, video, digital or other recording forms ("Recordings").   I give my permission for the Program to use those recordings or works produced by my child (e.g., art work) for promotional, commercial, informational, and educational purposes in any and all media (including the Internet) now existing or hereafter devised, for any purpose consistent with the Program's mission.   I understand that I will not have an opportunity to review or approve uses of the Recordings or Works.

I recognize that the Program, through the Board of Regents of the University of Michigan ("University"), holds the copyright in all Recordings. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any Recordings or Works created as a result of my child's participation in the Program.

I release, indemnify and hold harmless the University from and against all liability, actions, debts, claims and demands of every kind whatsoever to the taking or use of the Recordings or Works of my child.

No-Media, Photo or Video Authorization
I do not grant permission to Program to take or use my child's name, likeness, image, or voice in any form or to use work produced by child for any reason unless necessary for the administration of the Program while my child is participating in the Program.

Participant's Name:

Parent/Legal Guardian's Name:

Parent/Guardian Signature: Date: