

MEDIA, PHOTO & VIDEO RELEASE FORM

Program/Camp:	
Date(s):	Time(s):
Location:	
Location.	
Please check one box:	
Program's permission or authority, may capture my child recording forms ("Recordings"). I give my permission for promotional, commercial, informational, and education	poation in the above-referenced activity, that the Program, and those acting with the I's name, likeness, image, or voice in photographic, audio, video, digital or other or the Program to use those recordings or works produced by my child (e.g., art work) ional purposes in any and all media (including the Internet) now existing or hereafter mission. I understand that I will not have an opportunity to review or approve uses of
	ents of the University of Michigan ("University"), holds the copyright in all Recordings. I lent or any other compensation for the taking or use of any Recordings or Works created
I release, indemnify and hold harmless the University fro to the taking or use of the Recordings or Works of my ch	om and against all liability, actions, debts, claims and demands of every kind whatsoever nild.
	child's name, likeness, image, or voice in any form or to use work produced by child for ne Program while my child is participating in the Program.
Participant's Name:	
Parent/Legal Guardian's Name:	
Parent/Guardian Signature:	Date: