

**WRIGHT STATE UNIVERSITY
MEDIA, PHOTO, AND VIDEO RELEASE FORM**

ACTIVITY INFORMATION

Activity Name: Boonshoft School of Medicine's Human Anatomy and Physiology Interactive (HAPI) Lab

Location: 3640 Colonel Glenn Hwy., Dayton, OH 45435

Date(s): _____ **Time(s):** _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my/our child's participation in the above activity (the "Activity"), I/we, the undersigned parent(s)/ guardian(s) of the minor child indicated below, hereby grant to Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, Activity Staff, and all other officers, directors, employees, agents, and affiliates (collectively, "Wright State University") the right to take, make, record, use, reproduce, exhibit, display, broadcast, distribute, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works may be used in connection with Wright State University business, the activities of Wright State University, or for promoting, publicizing, or explaining Wright State University activities or events.

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I/we, on behalf of my/our child, furthermore waive, release, indemnify, and hold harmless Wright State University from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including but not limited to any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability for injury to person or property that my/our child may suffer, for which my/our child may be liable to any other person, or that may or does arise out of or relate to the use of the Materials.

This RELEASE contains the entire agreement between the parties regarding the subject matter hereof and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/we have been given ample time to read this document and I/we understand and agree to all of its terms and conditions. I/we acknowledge that I am/we are signing this document freely and voluntarily. My/our signature(s) on this document is/are intended to bind not only myself/ourselves and our child but also my/our successors, heirs, representatives, administrators, and assigns.

Participant name _____

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____



Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY