

UW School of Pharmacy

STEP Summer Program Visiting Student Agreement- Media Release Form

July 24-27, 2017
sop.uw.edu/step



I, _____, the parent/guardian (the same individual listed on the application form) of
_____ (a participant in the UW School of Pharmacy STEP Program), agree to the
following:

- I authorize the University to create digital recordings of my child's image, likeness, and/or voice ("Recordings") in connection with his/her participation in the Program.
- The Recordings may take the form of photo, video, and audio, and may be stored in digital format on University computer servers, CDs, USB flash drives, and similar storage devices.
- The University, at its discretion, may use the Recordings in their original or edited form in any media (in digital or print formats) for any and all educational and commercial purposes, and may or may not use my child's name and biographical information in connection with these Recordings.
- The Recordings may be made public through channels such as University or Program web pages, video streaming, brochures and other print materials, magazine ads, etc.
- Neither my child nor I will be compensated for any uses made of the Recordings, and that the University exclusively owns all rights to these Recordings.
- I hereby release the University, including the University's officials, employees, representatives, agents, licensees, successors, and assigns, from all legal Claims (e.g., a suit for defamation, invasion of privacy, or infringement of copyright, etc.) relating to the use of the Recordings.

Parent/Guardian Signature

Date

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Email Address