



# CREOL Laser & Photonics Summer Camp

Photo/Video Release

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Yes, I (parent/guardian name) \_\_\_\_\_, the parent and/or legal guardian of the Participant, (participant's name) \_\_\_\_\_, hereby give the University of Central Florida, the University of Central Florida Board of Trustees, and The College of Optics and Photonics, the right and permission to use, reproduce, edit, exhibit, project, display, record, copyright and/or publish my/my child's images, likeness, and voice in the whole or in part, on any materials developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses, and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I also understand that I will receive no compensation in connection with the use of my/my child's image. I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to indemnify and hold harmless the University of Central Florida, the University of Central Florida Board of Trustees, and the College of Optics and Photonics, the State of Florida and the Florida Board of Governors and their respective employees, officers, agents, volunteers, licensees, successors, legal representatives and assignees ("Releasees") from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the Releasees shall not be responsible for any use of such image, likeness or recording by any third party accessing it through the Internet or any other means.

I do not grant permission for my/my child's image, likeness or recording to be used in any form.

If you check "no" the camper should be instructed to avoid cameras.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_