PARTICIPATION IN VIDEO/AUDIO PROGRAMMING & PHOTOGRAPHY
RELEASE FORM

(Name)

(Institution / Address)

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Special Restrictions (if any): ____________________________________________________________

________________________________________
Date __________________

In consideration of Xavier University’s support of this opportunity to provide these Materials, and because I am voluntarily providing these Materials, I release Xavier University from all claims relating to or in connection with the use of the Materials, whether foreseen or unforeseen, known or unknown, including, without limitation, any claims for negligence, libel, defamation, and any right to publicity or privacy. Further, I agree to the terms set out in this document (the “Release”).

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I certify that I have read and understand this Release, and I freely sign it, acknowledging the significance and consequences of doing so. I also acknowledge that I have had all my questions answered to my satisfaction regarding the Materials and this Release.

By signing this Release, I assert that I am at least 18 years of age. If I am not yet 18 years of age, I understand that my parent or legal guardian must also sign before I may provide the Materials.

Signature of participant:_________________________________________________________ Date ______________

If under the age of 18:
Signature of Parent or Guardian ___________________________________________ Date ______________

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