

**The University of Texas at Austin
Youth Protection Program
Media Release**

Camper's Name: _____

Program Name/Session: _____

This form must be completed and returned to the camp director prior to the program start date.

I hereby grant full permission to The University of Texas at Austin to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication, or any other purpose The University of Texas at Austin deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by The University of Texas at Austin.

This consent and waiver will not be made the basis of a future claim of any kind against The University of Texas at Austin and any of its agencies.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: _____

Camp Director: _____

Camp Director Phone: _____

Camp Director Fax: _____

Camp Director Mailing Address: _____