Oklahoma State University Youth Program/Camp Media, Photo & Video Release Form			
PROGRAM INFORMATION			
Program/Camp Name: Date(s)	 Time(s):	Location:	
PLEASE READ THIS DOCUMENT CAF	REFULLY BEFORE SIGNING. THIS IS A	LEGALLY BINDING DOCUME	ENT.
indicated below, hereby grant to Ol Leaders, and all other officers, direct broadcast, distribute, exploit, modify, recordings of my child ("Materials") exhibits, motion picture films, video educational, advertising, or promoti	nation in the above captioned event, I, clahoma State University, its Board of cors, employees and agents ("University adapt, and create derivative works by incorporating them into publications, electronic media, web sites, and on all materials or publications related siness, the activities of the University,	of Regents, Administration, ity") the right to reproduce of photographs, videotaped ns, catalogues, brochures, bod/or other media, or commuthereto ("Works"). It is agreed	Faculty, Staff, Student t, use, exhibit, display, images or video/audio ooks, magazines, photo mercial, informational, d that the Works will be
	de variety of formats and media now avorint, broadcast, videotape, CD-ROM and		hat may be available in
I waive my right to inspect or approve a respect to the eventual use to which Ma	any Works that may be created by the U aterials may be applied.	niversity using the Materials ar	nd waive any claim with
the Works, and any commercial, info	rsity is and shall be the exclusive owner rmational, educational, advertising, or positives, and prints are owned by the ection with the use of my child's image.	promotional materials contain	ining the Materials. All
debts, claims and demands of every kir acts or omissions and any present or fu	elease, indemnify and hold harmless Un nd whatsoever, specifically including, bu ture claim, loss or liability for injury to p son, or that may or does arise out of the	t not limited to, any claim for person or property that my chil	negligence or negligent
recital. The information I have provide document and I understand and agree	ement between the parties and the tend is disclosed accurately and truthfully to all of its terms and conditions. I at this document is intended to bind ssigns.	r. I have been given ample op acknowledge that I am signin	portunity to read this g this document freely
SIGNATURE AND COMPLETE INFORMA	TION IS REQUIRED:		
Parent/Guardian Name:			
Minor Child's Name:			
Parent/Guardian Signature:		Date:	
Address:	City:	State:	Zip:
Phone Number:			