

**MEDIA RELEASE
University of Hawai'i**

I, _____, on behalf of myself/my child and our heirs, executors, administrators, and personal representatives (collectively the "**Releasing Parties**"), agree to the following relating to my/my child's participation in _____

(the "**Covered Program**"): _____
(Description of Covered Program, including, names of program, dates, locations)

1. Photo, Video and Sound Recording Consent. I authorize and give full right and permission to

- (i) _____,
(Name of UH student and/or UH Unit)
- (ii) the University of Hawai'i and its officers, agents, employees, successors, licensees, and assigns, and (iii) anyone receiving permission from the aforesaid (collectively, the "**Released Parties**"), to take and use my/my child's name, image, likeness, appearance, and voice (collectively, the "**Image Rights**"), in any and all forms captured by the Released Parties, including through photographs, video, and sound recordings (collectively the "**Recordings**"): (a) for advertising, publicity, trade or any other legitimate purpose, including any educational, institutional, scientific, fundraising or informational purposes, (b) in perpetuity, (c) on a worldwide basis, (d) without compensation to me/my child or the Releasing Parties, (e) in any manner or media, now known or hereafter developed or invented, including use on social media sites and web pages accessible to the general public, and (f) alone or in combination with other Recordings.

I waive any right I/my child or the Releasing Parties may have to inspect and/or approve the finished product of the Recordings or such written or spoken copy of the Recordings that may be used in connection therewith, or the use to which it may be applied. I acknowledge and agree that all right, title, and interest in the Recordings belong solely to the Released Parties, as their respective interests may appear.

2. Assumption of risk. I understand and acknowledge the dangers and risks involved in my/my child's participation in the Covered Program including illness, personal or bodily injury, death, economic and property damage, severe emotional loss, and other losses, damages, or injuries (collectively the "**Injuries/Damages**"). These Injuries/Damages may be caused by actions or inactions of myself/my child or others participating in the Covered Program and/or the conditions where the Covered Program occurs. I acknowledge that there may be other Injuries/Damages not known to me or not readily foreseeable at this time. I fully accept and assume all risks of the Injuries/Damages resulting from my/my child's participation in the Covered Program.

3. Waiver and release. I waive, release, and discharge the Released Parties from any and all claims, demands, actions, rights, and causes of action for any Injuries/Damages, known or unknown, related to, arising from, or traceable either directly or indirectly to my/my child's participation in the Covered Program and/or the use of my/my child's Image Rights and/or the Recordings as described above.

4. Image Rights ownership. On behalf of the Releasing Parties, I represent that: (a) the Releasing Parties own all Image Rights as defined herein, (b) no other person or entity has any ownership interest in the Image Rights, and (c) I have the authority to act on behalf of the Releasing Parties in executing this Media Release (collectively the "**Representation**"). On behalf of the Releasing Parties, I agree to indemnify, defend, and hold harmless the University of Hawai'i, and its past, present and future Board of Regents, officers, employees, agents, and assigns (collectively the "**UH Parties**") from any and all claims, demands, actions, judgments, injunctions, orders, directives, penalties, assessments, liens, liabilities, losses, damages, costs, and expenses (including attorneys' fees), arising or resulting from or caused by my making and/or confirming the Representation and/or any misstatement or inaccuracy relating thereto.

I have read this Media Release and I understand that I/my child am/are giving up substantial rights, including the right to sue. I/My child am/is participating in the Covered Program freely and voluntarily. I also understand that I am attesting that the Representation is true and accurate and am agreeing to indemnify, defend and hold harmless the UH Parties if and to the extent another person or entity claims any ownership of the Image Rights. I agree that: (a) the laws of the State of Hawai'i shall apply to this Media Release and (b) if any portion of this Media Release is invalid, the remainder of the Media Release shall continue in full force and effect.

Signature of Participant	Print Name	Date
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If the participant is under eighteen (18) years of age, co-signature of parent/legal guardian is required below. If parents are divorced, both parents must sign this Form.

Signature of Parent/Legal Guardian	Print Name	Date
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Signature of Parent/Legal Guardian	Print Name	Date
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