



STUDENT ROBOTICS

Media Consent Release Form

I the undersigned agree to be recorded and photographed, and hereby release Student Robotics, its agents, employees and successors from all claims, demands and causes of action of every nature and kind arising out of or connected with any and all such recordings and photographs.

I give my consent for Student Robotics to use the images and sounds, to store, reproduce, publish and broadcast them in the manner and context and in conjunction with such sounds, images and captions as Student Robotics deems fit. This includes, but is not limited to, publishing them electronically on DVD and on the Internet.

Name (print) _____

Username (if any) _____

Address _____

For those over 18 years of age:

I am over the age of 18 and have read and agree to the above terms.

Signed _____

Date ____ / ____ / ____

For those under 18 years of age:

I am a legal guardian of the participant named and have read and agree to the above terms on behalf of the participant.

Guardian's Name _____

Signed _____

Date ____ / ____ / ____