

## MULTIMEDIA RELEASE AND WAIVER FORM

In consideration of being allowed to participate in archaeology and or photography field programs and projects directed by Dr. Ruben G. Mendoza, I (\_\_\_\_\_) hereby authorize the use (including that related to instruction, research, publication, and multimedia production) of any and all images, including still photographs, digital imagery, video, film, and audio recordings, taken of me while engaged in any and all project-related activities under the direction of Dr. Ruben G. Mendoza. In so doing I hereby hold harmless, release and forever discharge Dr. Ruben G. Mendoza and or his agents or heirs against any and all claims, demands, costs and expenses, including attorney's fees, arising out of or in any way connected to the use of such images or other multimedia recordings taken of me by reason of my voluntary participation in any and all project-related archaeological and or photographic field and lab activities directed by Dr. Ruben G. Mendoza.

This document has been signed voluntarily and with full understanding and agreement and is binding upon me, my heirs, successors, and assigns. Furthermore, it is understood that should I choose not to have my photo or other recording taken of me while engaged in project-related activities under the direction of Dr. Mendoza, it is my responsibility to submit a request to that effect in writing; and, in any and all circumstances during which such recordings or images are being produced, it is understood that I am to inform the photographer(s) or recorder(s) and other multimedia personnel of such a preference, while at the same time making every effort to avoid inclusion of my image, likeness, and or voice, in any and all audio-visual, photographic, and other project-related recordings resulting from said project or projects.

**Notice: This is an important legal document. Please read before signing and consult a legal advisor should you have any questions regarding the meaning or implications of this document.**

Participant \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*

Witness \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*

Parent or Legal Guardian (required if participant is under age 18):

Guardian \_\_\_\_\_ Date \_\_\_\_\_