

## MULTIMEDIA RELEASE FORM

### EVENT: SPLASH AT UCLA

In consideration of my participation in **SPLASH AT UCLA** identified above, I, the undersigned, do hereby expressly and irrevocably consent to be filmed/videotaped/photographed/and or audiotaped. I agree that the UCLA and **SPLASH AT UCLA** will own any and all rights in said film/video/photography/and or audio recording, and I waive any and all uses of my name, likeness, voice, or character including but not limited to, the right to reproduce, distribute, sell, transmit, publish, exhibit, or otherwise use the above titled production or any portion thereof. I understand that in proceeding with said film/video/photography/audio recording, **UCLA and SPLASH AT UCLA** is doing so in full reliance on the foregoing permission.

I release whatever rights, title, or property interest I may have in the production, or so much of it pertains to me. I understand I shall receive no compensation for my appearance and participation in this event.

NAME OF PARTICIPANT (Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if under 18):

\_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/ GUARDIAN NAME:

\_\_\_\_\_