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LOS ANGELES**
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By signing, I waive and release Splash at UCLA and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

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Acknowledgment of Understanding: I have read the permission to use my name, image, and statements, and fully understand the terms. **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, **and intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

I have read and understand this agreement and I freely and knowingly give my consent to Splash at UCLA as described herein.

Participant Name (print)

Participant Signature

Date

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant (if under 18).

Parent/Guardian Name (print)

Signature

Date