

The University of Akron
Registered Student Organization
Consent Form and Release of Liability

(PRINT YOUR FULL NAME)

I am a student, staff, faculty member, or community guest desiring to participate in _____ on _____
sponsored by _____, which is a registered student organization at The University of Akron in Akron, Ohio.
(event name) (event date)
(student organization name)

I have been fully informed about this event and the intended experience of the program. I understand that I am voluntarily participating in this experience and will receive more information during the event. I am aware of the dangers, hazards and risks of such activities and potential physical injury, as well as other risks.

I certify that I am physically and emotionally able to perform the duties associated with this program and that there are no health-related reasons or problems which preclude or restrict my participation in this activity. Further, I understand and agree that I will be financially responsible for any and all medical costs that may be attendant as a result of injury to or illness arising out of my participation in this activity.

In consideration for being allowed to participate in said activity, I, for myself, and for my executors, administrators, heirs and assigns, release and forever discharge The University of Akron and its Board of Trustees, its administrators, officers, instructors, agents, and employees (collectively the "University") from any and all claims for loss, damage injury or cost and any action whatsoever, including but not limited to those based on negligence, that I might have myself could bring, and which arise in any manner out of my participation in this activity. I understand that this Release means, among other things, that I am giving up my right right to sue The University of Akron and its Board of Trustees, its administrators, officers, employees, agents and students for any such loss, damage, injury or cost that I or my child may incur.

I agree that this release binds me and my heirs, administrators, executors and/or assignees. I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE, THAT I AM OF LEGAL AGE AND THAT I HAVE THE AUTHORITY TO SIGN THIS DOCUMENT.

Photo/Video Release Form

I give The University of Akron (UA), its assigns, licensees, and legal representatives, the irrevocable right to use my picture, portrait, photograph and statements in all forms and media and in all manner for the following purposes:, including but not limited to: news media; UA publications, audio/visual presentation and/or Internet pages; publication in journals and periodicals.

I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a web site, which may be created in connection therewith. I understand that UA retains the right to use my image and likeness, and I waive all rights to ownership or royalty, if any, which may have resulted from the photographs. I also waive any rights of privacy in the images and likeness, including but not limited to any rights that might otherwise be protected by the Family Educational Rights and Privacy Act. I understand that UA cannot control unauthorized use of my image by third parties once such image is published. I agree that any claim I may have concerning unauthorized publication of my image must be pursued by me against the unauthorized user and that I cannot pursue such claim against UA. UA disclaims any responsibility for unauthorized use of my published image.

I have had opportunity to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver. I represent that am eighteen (18) years of age or older.

Signature of Participant

Date

Printed Name of Participant

Student ID Number