PURDUE UNIVERSITY
FORT WAYNE

Minor Media Consent and Purdue University Fort Wayne Release Form

Event Name: _____

Student's Full Name (Printed)_____

Student School:_____

Team Name/Number:_____

Home Address:_____ City:_____ State:_____ Zip: _____

Phone: _____

MEDIA CONSENT

I hereby grant my consent, as the legal guardian of the student indicated above, to ***Purdue University Fort Wayne*** to photograph and/or video (in the case of presentations) this student during participation in the program indicated at the top of this form. **I further grant to ETCS Outreach**, who is coordinating the program logistics, and Purdue University Fort Wayne the right to use these photographs and/or videos of the student on a related website and possibly in printed materials that explain and inform about this program to the general public. They may also be used in articles for the newspaper or organizations that sponsor the event, camp, or program. I also understand that the student might be photographed by electronic or print media who visit the event for use in an article about this outreach program and that the student may be called upon to answer questions by media representatives. As Purdue University Fort Wayne does not control the external media, I understand that if I do not want my student to be interviewed, I must instruct them beforehand to refrain from speaking with the media.

CHECK FOR CONSENT ☐

PURDUE FORT WAYNE RELEASE

I HEREBY RELEASE Purdue University Fort Wayne, its affiliates, officers, employees, and representatives, Purdue University, the Trustees of Purdue University, and any collaborating partners from any and all claims, demands, liabilities, damages, costs and all other expenses that may arise in connection with the student's participation in this outreach event unless such claim, demand, liability, damage, or costs are determined to be the result of the negligence of Purdue Fort Wayne, it affiliates, officers, employees, or representatives.

CHECK FOR CONSENT ☐

I HAVE READ THE ABOVE, UNDERSTAND, AND AGREE WITH THE MEDIA CONSENT AND PURDUE UNIVERSITY FORT WAYNE RELEASE.

For those persons under the age of eighteen (18) years listed above:

_____	_____	_____
SIGNATURE Parent/Legal Guardian (or student if over 18)	**PRINT** Parent/Legal Guardian Name (or student if over 18)	Date