



Photo / Video Authorization and Release Waiver

I, _____, the parent and/or legal guardian of, _____ (my "Child(ren)"), do hereby grant permission to Biola University Athletics (referred to as "Camp/Clinic") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) on the Biola University Athletics website and in related promotional brochures, advertisements and videos for the purpose of promoting the Camp/Clinic. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said Camp/Clinic websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the Camp/Clinic in connection with the promotion of Biola University Athletics. I hereby grant Biola University Athletics permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release Biola University, Biola University Athletics, and all officers, employees, volunteers and agents of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)'s, photograph, name or likeness, or any or all of them, by the Camp/Clinic for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name: _____

Relationship to Child(ren) _____

Parent and/or Legal Guardian of (Child(ren)'s Name): _____

Signature: _____ Date: _____