

STUDENT'S NAME _____

SCHOOL _____

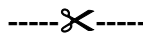
PROGRAM: GEAR UP

ACTIVITY: Camps, Workshops, College Visits, School Programs

MEDIA RELEASE

I recognize and acknowledge that the University may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your child's school.

DATE _____ **SIGNATURE** _____



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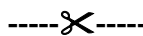
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