I certify that I understand and have read the above carefull y before signing. I acknowledge and represent that I

freely and voluntari ly s ign this Agreement, and that it is my express intent that this Agreement shall contractually

ǡ ǡ ǡǡ ǯ ǡ ǡǡ and assigns,

as well as myself and my child.

Parent/Guardian Name:

Parent/Guardian Signature: Date:

Photo and Media Release

______ Yes, I (Name)__ _____ _____ __________, the parent and/or legal guardian of __________________, the

Participant, hereby give the University of Georgia, and the Board of Regents of the University System of Georgia,

the right and permission to use, repro ǡ ǡ ǡ ǡ ǡ Ȁ Ȁ ǯ

images , likeness, and voice in which I/my child may be included i n the whole or in part, developed during

participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful

purpose whatsoever. My consent includes, but is not li mited to, images, likenesses and recordings that may be

      ͙͟͜͡ȋǲ ǳȌǤ

      Ȁ ǯ   ̹

and that it may be distributed to other organizations or individuals for use in any publications, media, or technology

now known of or hereafter developed in the future for any lawful purpose whats oever without further permission

from me. I also understa nd that I wil l receive no compens ation in connection with the use of my/ ǯǤ

I hereby waive the right to inspect or Ȁ ǯ

image. I further release, discharg e, and agree to waive the Univers ity of Georgia, and the Board of Regents of the

University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for

violation of any personal or proprietary right that I may have in conjunction with s aid pictures or images and with

the use thereof. I further acknowledge and agree that the Universi ty of Georgia and the Board of Regents of the

University System of Georgia and its members, their officers, agents, and employees shall not be responsible for

any of such image, li keness or recording by any third party accessing it through the internet or any other means .

__̸̸̸̸̸ǡ Ȁ ǯǡ ǡ

necessary for the administration of the program in which my child is participating.

Parent/Guardian Name:

Parent/Guardian Signature: Date: