**Photographs and Video Consent, Waiver, Indemnity and Release**

**Photographs, Videos and Recordings**

I hereby grant permission to **Alysha Buehler (Student Researcher) and Dr. Nyland (Faculty Advisor)** to take photographs or videos of my child and to make recordings of their voice at the event or location noted below.

Child’s First and Last Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s First and Last Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_

Gymnastics Facility of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further grant the producers and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later Developed. I acknowledge that **Alysha Buehler and Dr. Nyland** own all rights to the images and recordings.

**Waiver, Indemnity and Release**

I hereby waive any right to inspect or approve the use of the images or recordings or any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages, or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, administrators and assigns.

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Signature (if age 18 or older) Date

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Signature of Witness Date