

PARTICIPANT RELEASE FORM

The following release must be completed by each individual appearing in an entry and submitted as part of application.

- I agree/agreed to participate in a video/photographic image/voice recording/other media being prepared/prepared by Creator as part of an entry into the University System of Maryland (USM) Public Health Video/Image Contest (the program) and hereby authorize USM to use my name, biography, likeness, voice, and performance in the production of the program and for the purpose of publicizing and promoting the program. I further authorize USM or the sponsoring organizations and partners to edit the entry, to make recordings of the entry and to use and re-use the program and recordings of the program, in whole or in part, for radio or television broadcasting, cablecasting, audiovisual and closed-circuit exhibition and/or other electronic mechanical distribution or print distribution of whatever kind throughout the world in perpetuity, including derivative products of the entry.
- I understand that USM and the sponsoring organizations and partners have no obligation to utilize the program. I understand that I will receive no monetary compensation for the rights granted herein. I understand that my appearance in the entry confers no ownership rights on me.
- If by reason of my appearance in the entry or statements and actions on the entry or materials furnished by me for the entry, there is any claim or litigation involving any charge by any third party for violation or infringement of their rights, I agree to indemnify and hold harmless USM and the sponsoring organizations and partners and its licensees, successors, employees, agents, and assigns from any liability, loss or expenses arising from such claim or litigation.
- I represent that I am [EITHER over 18 years of age and have the right to enter into this agreement] OR [under the age of 18 years. My parent or guardian has consented to my execution of this release, as shown by the signatures below.]

ACCEPTED AND AGREED TO:

Signature: _____ Date: _____

Signature of Guardian if Above is Under 18 Years of Age:

_____ Date: _____