



University of California, Santa Cruz

Consent to Release Recorded Audio/Video Material

Participant _____

Program or Event _____

Date of Recording _____

Approximate Running Time _____

Audio Recording _____

Video Recording _____

Motion Picture _____

Location of Recording _____

I hereby give my consent to The Regents of the University of California to record my participation in the program or event described above.

Further, I hereby transfer and assign to The Regents the exclusive right to use and to authorize others to use all or part of my participation in said program or event for all purposes including University outreach programming and public information within the University of California.

Further, I agree to indemnify and hold harmless The Regents from and against any and all claims and demands whatsoever including but not limited to claims or demands arising from infringement of copyright, proprietary right of claims of libel, obscenity or invasion of privacy that may arise out of any part of my participation in said program or from any breach or warranties or representations herein contained.

Dated this _____ day of _____ 20_____

Signed (Participant)