

## Photo/Video Release

I, (please print your name/child s	name)		
		0	e the
University of California, Riverside to use my photograph/video in its efforts. I understand that the photographication, print ad, direct-mail p CD-ROM, Internet/WWW), or oth University, the photographer/vide agents and designees from liability or proprietary right I may have in	s promotions tographs/vio piece, electr per form of p eographer, t ity for any v	al materials and pudeo may be used in onic media (e.g. vioromotion. I release heir officers, emplotolation of any pers	iblicity n a deo, e the oyees,
I am 18 years of age or older. I certify that I am the parent/le	gal guardiaı	n of the above.	
Signature			
Date			
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City	State	Zip	
Phone ()			-8
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