

**University of California, Los Angeles**  
**MULTIMEDIA RELEASE FORM**

**Permission for Use of Name, Image and Statements**

I hereby grant to The Regents of the University of California permission to reproduce my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements in any publication of The Regents of the University of California intended for research, educational, promotional, fund-raising or other related use, including but not limited to, film broadcast, printed publications, webpages and web-based publications, associated with UCLA.

By signing this form, I waive and release The Regents of the University of California and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that The Regents of the University of California will rely on this permission and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from The Regents of the University of California related to this permission and release or the materials covered by this permission and release.

**Acknowledgment of Understanding:**

I have read the above "Permission for Use of Name, Image and Statements" and I fully understand the terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I am an adult, 18 years or older, and I have read and understand this agreement and I freely and knowingly give my consent to The Regents of the University of California as described herein.

Participant Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN SIGNATURE IS REQUIRED:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Age (if minor) \_\_\_\_\_