

## **Photo Media and Liability Release Form**

Program attending:	Dates:	
	PI) strives to provide a safe, secure, educational and fun environus have the following signed by a parent or guardian:	onment for visiting K-12 students
Photo, Media and Copyright	Release	
photographs/videos/audios will rema websites, and for promotional and advertisements, newspaper articles,	photograph, videotape, and/or audiotape my child durain the property of WPI and may be used in advertising or informational material including, but not limited to, flyers TV or cable interviews/promotions. <b>I understand my child</b> n. I hereby waive and release on behalf of my child, any rights	r marketing campaigns on WPI's s, brochures, newsletters, emails d will not be identified by name
I have read and agree to the t parent/guardian)	terms and conditions of this Photo, Media and Copyright r	release. : ( initials of
C. Liability Release		
and all personal injury, bodily injury agree that we will not bring any la participation in WPI activities. Agrarticipant and undersigned have reachese risks exist despite the safety prolicies mandated by WPI personnel.	s and/or expenses arising out of participation in WPI activities y, illness or property damage that occurs as a result of participal awsuits nor make any demands nor pursue any complaints a greement to this Release also warrants that participation in ad and understand the inherent risks involved in the activities precautions and procedures implemented by WPI. The participation, the dian, hereby gives my/our consent to his/her participation in all uardian warrant that the participant is physically fit and able to	pation in such activities. I/we also against WPI as a result of his/her this activity is voluntary and the . The participant understands that cipant agrees to obey all rules and
I agree to all above terms and co	onditions of the Liability Release: (initials of paren	nt/guardian)
<del></del>	health insurance coverage in force for the term of the participal insurance covers any and all accidents, injuries or illnesses that itials of parent/guardian)	ē
Participant (please print clea	arly)	Date
Parent/Legal Guardian (plea	use print clearly)	Date
Parent/Legal Guardian (Sign	nature)	