



# Math Knights Outreach Program

## Authorized Dismissal and Photo/media Release Form

Department of Mathematics

### **Personal Information** (please print)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Authorized Dismissal** (Please put your initial in the front)

\_\_\_\_ Yes, as the parent and /or legal guardian of the participant, (participant's name) \_\_\_\_\_, I will be responsible for my child's transportation to and from the program. My child may sign herself/himself out at the end of the program/activity.

### **Photo and Media Release**

\_\_\_\_ Yes, as the parent and/or legal guardian of the participant, (participant's name) \_\_\_\_\_, I hereby give the University of Central Florida, and the University of Central Florida Board of Trustees, the right and permission to use, reproduce, edit, exhibit, project, display, record, copyright and/or publish my/my child's images, likeness, and voice in the whole or in part, on any materials developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses, and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to indemnify and hold harmless the University of Central Florida, and the University of Central Florida Board of Trustees, the State of Florida and the Florida Board of Governors and their respective employees, officers, agents, volunteers, licensees, successors, legal representatives and assignees ("Releasees") from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the Releasees shall not be responsible for any use of such image, likeness or recording by any third party accessing it through the internet or any other means.

\_\_\_\_ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form.

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

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