CONSENT AND RELEASE AGREEMENT

I, being of legal age, hereby agree and consent to be video-taped, photographed, or anyway recorded by the University of Florida. This media capture will ONLY be used by the University of Florida, who shall have the right to revise and/or edit this recording for use in classrooms, marketing materials, or any official University or College capacity.

I hereby waive for myself, my heirs, next of kin, executors, administrators, and personal representatives any claim to any rights or benefits derived directly or indirectly from my appearance in this media recording.

I hereby assign and transfer to the University of Florida (acting for and in behalf of the Board of Regents of the State of Florida and it’s successors) any title, right, interest, ownership, and all subsidiary rights that I may have in this recording, including but not limited to the right to procure copyright therein in the name of the University of Florida and the right to secure any renewals, reissues, and extensions of any such copyright in the United States or any foreign country.

I hereby attest and certify that I am in excellent health and do not have any physical defects or past medical history that would in any way affect my participation in this recording. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF LOSS, DAMAGE, OR INJURY, INCLUDING DEATH THAT MAY BE SUSTAINED BY ME, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF MY PARTICIPATION IN THIS RECORDING.

In signing this agreement, I acknowledge that I have read the foregoing and understand the significance of the agreement. I am signing this agreement voluntarily as my own free act and deed. No oral representations, statements, or inducements, apart from the foregoing agreement, have been made to me. I am fully competent and execute this agreement for full, adequate, and complete consideration, fully intending this agreement to be binding on myself, my spouse, my family, and/or heirs, assigns, and personal representative.

(Please Print Name) ___________________________ (Signature) ___________________________ (Date) ___________________________

(Please Print Name) ___________________________ (Signature) ___________________________ (Date) ___________________________

(Please Print Name) ___________________________ (Signature) ___________________________ (Date) ___________________________

(Please Print Name) ___________________________ (Signature) ___________________________ (Date) ___________________________

(Please Print Name) ___________________________ (Signature) ___________________________ (Date) ___________________________