## **RELEASE & WAIVER**

			ber in the film project being completed blocation) on	<b>у</b> —
Project, including travel to and Film Project requires a modera include, but are not limited to	d from the Film Project. I acknowledge the level of physical activity, and that certa personal injury, illness or death, properties, including, but again not limited to, the	and appreciate that be in risks are inherent in y damages, and proper	the entirety of my participation in the File eing an actor or other crew member on the participating in these activities. These risk rty loss or theft. The risks may arise out of ssions of myself or others (including DePar	ne ks of
Film Project and to use my na Project, and internal and extern	me, image, and likeness in all forms and r	nedia for all lawful pur hat I will not own any	photographs of me in connection with the poses including, but not limited to, the Filr rights to the Film Project and I waive any and likeness in the manner stated above.	n
Should I become ill or injured, medical treatment or rescue se resulting from or relating to th	I give permission for Arizona State Universities, as they see fit and at my cost. I as	rersity and its employee on further aware that ar on Project will be my so	ting to my participation in the Film Project es and agents to render first aid and to seek my medical, health and personal injury costs ole responsibility. I agree to be financially	
In consideration of my being Project, whether foreseen or us		t, I personally assume	all of the risks in connection with the File	m
SUCCESSORS, TRUSTEES, OR PRESENT (THE "RELE EXPENSES ("CLAIMS") FO DAMAGE, LOSS AND/OR TERRORISM, OR ANY OTH	OFFICERS, DIRECTORS, FACULTY ASED PARTIES") FROM ANY AND A OR ANY PERSONAL INJURY OR IL THEFT, ARISING OUT OF ANY AG HER OCCURRENCE DURING THE F	, EMPLOYEES, AGE ALL CLAIMS, SUITS, LNESS, EPIDEMICS CCIDENT, CIVIL DI ILM PROJECT OR W	L, ITS AFFILIATES, PREDECESSOR ENTS, AND REPRESENTATIVES, PAS LIABILITY, JUDGMENTS, COSTS ANI S AND DISEASE, DEATH, PROPERT STURBANCE OR DISORDER, ACT O WHILE I AM TRAVELING TO OR FROM RESCUE SERVICES SECURED ON M	T D Y F M
ANY CLAIMS ARISING F			ASED PARTIES FROM AND AGAINS IONS DURING THE FILM PROJECT	
I enter into this Travel Release	& Waiver for myself, my heirs, my assign	s and my legal represer	ntatives.	
In signing below	y, I certify that I AM AT LEAST 18 YEAR.	S OLD and have read a	nd fully understand the above.	
Participant Signature	Printed Name		Date	
Emergency Contact Name	Phone Number			
*P2	rent/Guardian signature is also required f	or minor participants u	nder the age of 18.	
Parent/Guardian Signature	Parent/Guardian Printed Name	Date	Relationship to Participant	_
**This Release & Waiver relates of document, please contact the co		the extent that you hav	e any questions or concerns prior to signing th	is
Course:	Instructor:			
Office Phone:	Email:			