CSULB RESEARCH FOUNDATION CAMP
Photo / Video Authorization and Release Waiver

Camp Name: ________________________________________________,
from _________________________________, 2015 to _______________________________, 2015.

I, _______________________________________________________, the parent and/or legal guardian of,
________________________________________________________________________________________________
(my “Child(ren)”), do hereby grant permission to the California State University, Long Beach Research Foundation
(referred to as “Camp/Research Foundation”) to photograph/video and to publish the said photograph(s)/video(s) of me
and/or my Child(ren) on the Program/Research Foundation website and in related Program/ Research Foundation
promotional brochures, advertisements and videos for the purpose of promoting the Program/Research Foundation’s
business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or
she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of
them, in or in connection with said Program/Research Foundation websites, still photography, or video/film and any use
to which the same or any material therein may be put, applied or adapted by the Program/Research Foundation in
connection with the promotion of the Program/Research Foundation. I hereby grant the Program/Research Foundation
permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the
Program, the California State University, Long Beach Research Foundation, the State of California, Trustees of the
California State University, California State University, Long Beach, and all officers, employees, volunteers and agents of
each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature
and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation
of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or
my Child(ren)’s, photograph, name or likeness, or any or all of them, by the Program/Research Foundation for its
business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements
and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I
understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my
minor Child(ren).

Print Child(ren) Name: _________________________________________________________________

Relationship to Child(ren) ______________________________________________________________

Parent and/or Legal Guardian of (Child(ren)’s Name): ______________________________________

Parent and/or Legal Guardian Signature: __________________________________ Date: ______________