***To be completed by UCLA Alumni event organizer.***

Event Title:

Event Date: Event Time:

Event Location:

Event Address:

I, (please print your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give the University of California, Los Angeles, the absolute right and permission to use a photograph(s) and or video(s) of me in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release the University, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Signature

Address

City State Zip

Phone ( ) Date

Email

If the participant is a minor, please complete the following section:

*I hereby approve the aforementioned authorization.*

Name (please print):

Signature:

Address:

Relationship: