

Parent/Guardian Authorization and Release Agreement

This form must be completed and returned to the pro	
Participant Name:	
Participant Address (City, State, Zip):	
	Program Location(s):
Program Date(s):	
I am the Parent/Guardian of (paren give permission for Participant to participate in the a	(participant), who is under eighteen years of t/legal guardian) am fully competent to sign this Agreement. bove-referenced Program or Activity.
rescind my authorization and consent provided herein	ot be able to participate in the program(s). If I choose to n, I agree that I will inform UNT. I understand, however, that at have been published as part of the program prior to
representatives from, and shall indemnify them again heirs, representatives, executors, administrators or ar estate have or may have by reason of my child's partic	scharge UNT and its employees, agents, licensees and legal st, all claims, demands, and causes of action which I, my ny other person(s) acting on my behalf or on behalf of my cipation in the program and through my authorization, tion and releaser agreement, I fully understand it, and I parent or legal guardian of the minor.
	and have had the opportunity to consider its terms and arily agree to the terms and conditions of this agreement.
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
PRINT NAME	
Photo Rele	ease Agreement
publish the photographs taken of Participant on the d Texas publications, both printed and electronic. I waiv or the printed or electronic material(s) created from t hereby agree to indemnify, defend, and hold harmless licensees, and assigns (the "Released Entities") from a	its agents, employees, licensees, or assigns to take and late and at the location listed above in University of North we any right to inspect or approve the finished photographs the photographs prior to its/their publication. I release, and is the University of North Texas, its agents, employees, and against any and all claims that I, or any third party, may to of publicity, or defamation arising out of the publication, on, broadcast, or display of the photographs.
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
PRINT NAME	