

Student Project Media Waiver and Liability Form

Student Name

Student ID

Project Title

Date

Media Waiver

I grant permission to use my name, image, voice, or work in connection with this project for educational, promotional, or informational purposes by the institution and its representatives.

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I agree to the Media Waiver

Liability Release

I acknowledge and assume any and all risks associated with participation in this project. I release the institution, its agents, and employees from any claims or liability arising from or related to this activity, except as otherwise provided by law.

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I agree to the Liability Release

Additional Notes (if any)

Student Signature

Date

Parent/Guardian Signature (if under 18)

Date

