



Biola University Production Center

Film/Video Consent and Release Form

Program Title

Location

Date(s) of Recording

For consideration which I acknowledge of my appearance in the above referenced program ("Program") produced by Biola University I hereby agree to participate in Program and to authorize Biola University to record and re-record my name, likeness, image, voice and performance on film, tape or otherwise for that purpose. I understand that my participation may be edited and adapted as is deemed appropriate for Program and that Biola University is under no obligation to use either my likeness or voice in Program.

I further agree that Program, all portions and elements thereof, belongs solely and completely to Biola University and I understand that I have no rights to Program or any benefits derived there from. Program may be edited and otherwise altered at the sole discretion of Biola University and Program may be duplicated and distributed for broadcast, exhibition, and any other use, in whole or in part, in any and all manner and media, now known or hereinafter devised, throughout the universe in perpetuity without limitation or restriction.

I hereby voluntarily assume any and all reasonable risks, known or unknown, associated with my participation in Program. I hereby agree to defend, indemnify and hold harmless, and to voluntarily release, discharge, waive, and relinquish any and all actions or causes of action against Biola University its' successors, officers, agents, servants, employees, or students from any and all claims, demands, or liabilities (including but not limited to personal injury, property damage, and wrongful death) resulting in any manner from my participation in Program and its use in Program, whether caused by negligence or otherwise.

I represent that I have the right to enter into this agreement (the "Agreement") and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I further authorize the use of my name, likeness, voice, and biography for all Program information, institutional promotion, merchandising, and any other purposes in connection with Program deemed appropriate and necessary by Biola University.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

Participant Printed Name

Participant Signature

Date

Parent Printed Name, if Participant is under 18

Parent Signature, if Participant is under 18

Date

Address

Phone

E-mail