

# Arizona Association of Student Councils

*Serving Arizona's Student Councils Since 1934*

P.O. Box 28326 Tempe, AZ 85285 / [www.stucoaz.org](http://www.stucoaz.org) / Daniel Dodge Executive Director / Jeff Peters Associate Director

## **AASC PARTICIPANT/ DELEGATE** **LIABILITY AND PHOTO RELEASE FORM**

AASC Participant Full Name: \_\_\_\_\_

Current Mailing Address:

Street Number or PO Box Number                      Apartment #                      City                      State                      Zip Code

Age: \_\_\_\_ Phone: \_\_\_\_\_ Email Contact: \_\_\_\_\_ @ \_\_\_\_\_

In consideration of Arizona Association of Student Councils (AASC) agreeing to photograph, video or interview me and in consideration of the use of the facilities and services provided to me by AASC, the undersigned, both individually and on behalf of the undersigned's children, spouses, heirs, and legal representatives, does hereby:

*A) Consent to the use and release to AASC the use of my name and my likeness, (Participant) whether in still, motion picture, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, with or without my name, for any editorial, promotion, trade business, or other constructive and positive purpose whatsoever. AASC may exercise its rights in any way it sees fit for its productions, for advertising and for other constructive and positive purposes. I intend for AASC to rely upon this release and understand that it is irrevocable; and*

*B) Agrees to release, not to sue, and to indemnify and hold harmless AASC for, from and against any and all injuries, claims, demands, damages, actions causes of actions, suits or judgments of any kind or nature whatsoever (including attorney's fees and other costs in the defense of any claim or suit) brought by myself or on behalf of myself as a result of any loss, damage or injury to any persons or property arising out of or in any way relating to any action, inaction or participation in any video or photographic productions of the Arizona Association of Student Councils.*

The undersigned further agrees that AASC may use or cause to be used, these items for any and all broadcasts, publications, or reproductions, without limitation or reservation or any fee.

### **AASC PARTICIPANT/DELEGATE:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT OR LEGAL GUARDIAN OF AASC PARTICIPANT/DELEGATE**

Print Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_