

Washington State University
Image and Voice Recordings Consent Form

I hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet).

I additionally consent to the use of my name and/or interview comments in connection with WSU publications or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

I understand that consent to use of my likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program.

No inducements or promises beyond my acceptance of an opportunity to promote WSU and its programs have been given by signing below.

Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.

I understand that I can revoke this consent at any time upon notice to WSU, at which time I will sign a copy of the Denial for Use of Images or Voice Recordings.

I agree to use of digital images or voice recordings as set forth above:

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Name (please print): _____

Signature of the Witness to the Signing of this document: _____

Witness Name (please print): _____

I do not agree to use of digital images or voice recordings as set forth above.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Name (please print): _____

Signature of the Witness to the Signing of this document: _____

Witness Name (please print): _____



University Recreation Challenge Program

Assumption of Risk and Release of Liability

PLEASE READ BEFORE SIGNING!

Assumption of Risk, Release of Liability and WARNING!

In consideration for being allowed to utilize University Recreation programs, services, facilities and equipment as well as traveling to or from any activity or program organized or affiliated with the University Recreation Department, either on or off any Washington State University properties, **I voluntarily agree to assume all risks involved in participating in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I understand that direct supervision by Washington State University staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of University Recreation, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, bone fractures and/or breaks, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, burns, emotional trauma, drowning, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in, traveling to or from, or use of University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of University Recreation programs, services, facilities, and equipment may cause harm or loss to my person or property and agree to assume the risks of same.**

Release of Liability

I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of University Recreation programs, services, facilities, and equipment.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

If participant is 17 years old or younger, please use a Youth registration form.

Name (please print): _____ WSU ID # _____

Signature of the Witness to the Signing of this document: _____

Witness Name (please print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. **If you have any questions regarding the language or details of this document prior to signing, please contact Jeff Elbracht or Joanne Greene at 509-335-8732, SRC Room 250, WSU.**