

PERMISSION AND RELEASE FORM

USE OF CHILD'S FIRST NAME, BIOGRAPHY, PHOTOGRAPH, VIDEO, LIKENESS, VOICE AND/OR STATEMENT

I, the undersigned, hereby **grant permission** to Western Washington University, the Producer of the documentaries for Climate Quest, the right to use my child's first name, biography, video image, likeness, or audio record activities of him/her during participation of the College Quest program, July 12-19, 2009.

I also **grant permission to record** my child's voice, performance, poses, acts, and use his/her picture, photograph, silhouette and other reproductions of his/her physical likeness and voice in connection with the unlimited distribution, advertising, promotion, exhibition and exploitation, and use throughout the world and in perpetuity and on whatever media is known or hereafter devised.

I agree that I **will not assert, maintain or consent to others bringing any claim**, action, suit or demand of any kind or nature whatsoever against the Producer including but not limited to, those grounded upon invasion of privacy, rights or publicity or other civil rights, or for any other reason in connection with the authorized use of my child's physical likeness and sound in the documentaries for Climate Quest as herein provided. I hereby release the Producer, its directors, officers, employees, volunteers, agents, successors and assigns from and against any and all claims, liability, demands, actions, causes of action(s), costs, expenses and damages whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the rights granted to the Producer herein.

I understand that I shall **not be given any fees or royalties** for services provided for the documentaries for Climate Quest and for the non-exclusive use of the documentaries' on websites maintained by WWU, YouTube or any other website that may used.

PRODUCER

GRANTOR

Print Name: Climate Quest/
WWU _____

Child/Student Name (print):

Name: Katie Fleming

Parent/Guardian Name (print):

Signature: _____

Parent/Guardian
Signature: _____

Date: _____

Date: _____