



Utah Education and Telehealth Network

Release Agreement

By signing this Permission and Release Agreement (“Agreement”), I agree to permit an audio and video recording (“Recording”) to be created of me or of the minor child named below for whom I am the parent or legal guardian.

I hereby irrevocably grant permission without compensation to and authorize the Utah Education and Telehealth Network (“UETN”) and its permitted assigns to publish, broadcast, adapt, exhibit, perform, exploit, distribute, display, reproduce, make available for download, copyright, edit, modify, or make derivative works of the Recording in all markets, media or technology now known or hereafter developed, including without limitation television, radio and Internet.

I understand that I will have no right to view or approve any portion of the Recording, that UETN has no obligation to make any use of the Recording, and that I will have no rights in the Recording.

Further, I represent that I own the rights or have permission to distribute any handouts or presented materials I may distribute or display at the event to which this Agreement pertains (“Materials”). I hereby grant UETN permission to distribute the Materials to participants and attendees at the event by electronic means. No other copyright rights in or to the Materials are granted pursuant to this Agreement.

I release and discharge UETN from any and all claims arising out of or in connection with the use of my or the minor child’s name, image, voice and likeness or the Materials obtained pursuant to this Agreement, including but not limited to any and all claims for libel or invasion of privacy or copyright infringement.

I have read and I am fully familiar with the contents of this Agreement and confirm that I have the right to enter into this Agreement. If I am signing for a minor child, I hereby warrant that I am the parent or legal guardian of the minor child and that I have every right to contract on the minor child’s behalf in the above regard.

Project or Event Name: \_\_\_\_\_

Location: \_\_\_\_\_

Name of person appearing in the Recording: \_\_\_\_\_

Is this person a minor child? Yes \_\_\_\_ No \_\_\_\_

If yes, print name of parent/guardian: \_\_\_\_\_

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

(self, or, if on behalf of minor child, parent or guardian)

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