Clemson University

Authorization for Use of Photographic/lmage/Video/Voice Recording Related to Research Project

**Program/Department:**

**Clemson University Contact Information about Research Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Research Project**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Research Project:** \_\_\_\_

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In consideration for my participation in the above referenced Research Project at Clemson University, I,

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2. For any purpose throughout the world and in perpetuity, including by not limited to research, video archive, education, trade, advertising, and promotion.
3. I understand and agree that the video archive created as part of the above-described research project will be available to the research team described above and may be made available to other researchers and/or other individuals.

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In connection with this waiver, I acknowledge that I am aware that I may hereafter discover claims presently unknown or unsuspected, or facts in addition to or different from those which I now know or believe to be true, with respect to the subject matter of this Release. Nevertheless, I intend by this Agreement to release fully, finally and forever all Released Matters under this Release. In furtherance of such intention, the releases set forth in this Agreement shall be and shall remain in effect as full and complete releases notwithstanding the discovery or existence of any such additional or different claims or facts relevant hereto

I, affirm, represent, and warrant that I have the right, power, authority and the ability to enter into this release agreement and perform all actions in connection herewith, and that I am not under any contract or other arrangement with any person or entity which would interfere with any aspect of my performance under this release agreement or diminish its value to Clemson University.

I agree that this document may be electronically signed, and that any electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Participant's Signature Date

I, (printed name) ,represent and warrant that I am the parent or guardian of the minor whose name appears below, I acknowledge that I have read the foregoing Release and am familiar with each and all of the terms contained therein, I am satisfied that the Release is fair and equitable, and I hereby give my express consent to its execution by my child/ward and will not revoke my consent at any time. I hereby release the Released Parties as defined in the paragraph above from any claims and/or causes of action I may have against them of any nature whatsoever. I hereby fully and unconditionally guarantee the performance of my child's/ward's obligations and the grant of rights in and to the results and proceeds of my child's/ward's activities as set forth above.

Name of minor participating in research project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent or Guardian of Minor Research Participant Date