

EYH Student Participant Photo Release Authorization

I give permission to North Carolina State University to take and publish photographs, digital images and/ or videotaped images of my child for news, advertising and/ or promotional purposes in print and electronic media. I understand that I will not be compensated for any photograph or other images which may be used in this capacity.

I agree that neither North Carolina State University nor the College of Physical and Mathematical Sciences nor The Science House shall be liable for any claims, demands, actions, or causes of action of any sort whatsoever resulting from the publication of these photographs or other images. I do hereby forever release and discharge North Carolina State University, the College of Physical and Mathematical Sciences, The Science House, their trustees, offices, employees, agents or servants from all such claims, demands, actions, or causes of action.

PLEASE PRINT ONLY

Student's Full Name: _____

Parent/Guardian Full Name: _____

Address: _____

Phone: (____) _____

Signature: _____ Date: _____