



University of California, Irvine

### Consent to Photograph/Video

The undersigned hereby authorizes the University of California, Irvine (UC Irvine) to photograph/video tape or permit other persons to photograph/video tape:

\_\_\_\_\_  
(Name of Individual)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number

and agrees that digital images, videos, negatives or prints prepared therefrom may be used by the Regents of the University of California for any purpose.

The undersigned hereby agrees to hold harmless the University of California, its officers, agents and employees, from any liability resulting from or arising in connection with the taking, publication and release of photographs/videos pursuant to this agreement.

\_\_\_\_\_  
Signature of individual/parent/guardian

\_\_\_\_\_  
Relationship (if other than individual)

\_\_\_\_\_  
Date