LIABILITY AND MEDIA RELEASE FORM – For Student Participants

I, ____________________________________________,

(print name of parent/guardian)

agree to release Florida Atlantic University (FAU) and its officers, employees, sponsors, and
volunteers from all liability pertaining to the South Florida EnergyWhiz Expo.

I further agree to give FAU the right and permission to record my child participant’s name and
likeness for educational or promotional use on photographs, audiotape, videotape, film, or any
digital medium. FAU may exhibit or distribute all or any part of these recordings for any
purpose which FAU deems appropriate. All such recordings shall be FAU’s property and
without compensation.

Dated _________/_______/_______ (MM/DD/YYYY)

Name of Student Participant ______________________________________________________

Name of Parent/Guardian ______________________________________________________

Signature of Parent/Guardian _____________________________________________________