



DINING SERVICES

Photo/Video Release Form

The Department of Dining Services is excited to have your child/children attend our 2025 "UCann Cook Camp." Photographs and video will be taken during the camp and may be sent to local newspapers, trade magazines, and/or other marketing media. UConn requires your written permission to use photographs/video of your child/children. Please read and fill out the information below.

I hereby grant permission to the Department of Dining Services, on behalf of UConn and its agents or employees, the rights of image, likeness, and voice as recorded on audio or video of the undersigned children listed below for use in university and non-university publications, in the form of print/electronic/digital/web or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs, video, or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph(s) and/or video.

I hereby agree to release, defend, and hold harmless the Department of Dining Services, on behalf of UConn and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on websites, from and against any claims, damages or liability arising from or related to the use of the photographs and/or video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Names and Ages of Minor Children:

Please select for each child whether you grant or do not grant permission.

	YES	NO
Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Guardian*: _____ Date: _____

*If filling out digitally, your electronic signature is the equivalent of a manual/handwritten signature.