UTSA FLUTE CAMP
JUNE 15-19, 2015

PHOTO RELEASE FORM

I hereby grant UTSA Summer Camp permission to use the likeness of my child, -
________________________, in any and all of its publications, including websites. (We will
not publish your child’s first or last name, address, phone numbers, or other information
protected by federal regulations.)

I understand that any and all of these likenesses will become the property of the UTSA Summer
Camp. I hereby authorize UTSA Summer Camp to exhibit or publish any likenesses for the
purpose of publicizing any and all Camp activities or any other lawful purpose.

I hereby release the University, its governing body, employees, and representatives from any
responsibility from all claims, demands, and causes of action which I, my heirs, representatives,
executors, or any other person or persons acting on my behalf or behalf of my estate have or may
have by reason of this authorization.

______________________________________________
Printed Name of Parent or Guardian

______________________________________________
Signature

________________________
Date