

PARENT/GUARDIAN SIGNS IF
PARTICIPANT IS YOUNGER THAN 18 YEARS OF AGE

PUBLICATION CONSENT AND RELEASE OF LIABILITY FORM
(PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING)

I, _____, the parent/guardian of _____, a participant in the Meadows Museum/Kid Art Dallas Program to be held on the campus of Southern Methodist University ("SMU"), on _____, 2019 (the "Camp"), hereby acknowledge that I freely and voluntarily agree to give SMU and its agents or employees the absolute right and permission to photograph and publish, or cause to be published, at any time in the future, photographs, video-tapes or other media that contain my child's likeness, in whole or in part and with or without my child's name, in the context of the Camp for any SMU-related editorial, promotional, educational, advertising, or trade purposes. Furthermore, I hereby waive any right I may have to inspect and/or approve any such future publication. In consideration for SMU allowing my child to participate in the Camp, I hereby execute the Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least 18 years of age and that I am competent to sign this affirmation and release.

I EXPRESSLY AGREE AND INTEND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH ANY PHOTOGRAPHING, VIDEO-TAPING OR FUTURE PUBLICATION OF MY CHILD'S LIKENESS IN THE CONTEXT OF THE CAMP, WHETHER FROM ACTS OR ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS DEMANDS, ACTIONS OR CAUSES OF ACTION.

The laws of the State of Texas govern and construe the terms of this Release of Liability. I agree that exclusive venue for any dispute that may arise between SMU and me involving the Release of Liability in any way shall be Dallas County, Texas.

ACCEPTED AND AGREED:

Parent's/Guardian's Signature

Date

Participant's Printed Name