

Bay Area Yearbook Seminar

Release Form

Due: June 10th

Film, Video & Photography Consent & Release

THIS CONSENT AND RELEASE RELATES TO FILM, VIDEO AND/OR PHOTOGRAPHS TAKEN AT THE BAY AREA YEARBOOK SEMINAR (BAYS) FROM JUNE 25-27, 2019 AND ANY MATERIAL BASED UPON OR DERIVED FROM THEM (COLLECTIVELY, THE "MATERIAL").

I understand that film, video and photography will occur at the workshop, and that I may be recorded or photographed. For good and valuable consideration received, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I grant BAYS and its representatives the right to capture and record film, video and photos of me, and agree that BAYS, its affiliates and their representatives may use the Material for any lawful purpose in all current and future media, and no compensation, credit or other consideration for use of film, video or photos in which I appear will be due to me or my parent/guardian. Use may include, but is not limited to, webcasts, promotional purposes, advertising, and inclusion on websites and social media. I understand that the Material is the sole property of BAYS.

2. I release BAYS, its officers and employees, and each and all persons involved from any and all liability connected with the taking, recording, digitizing, publication and use of photographs, film video, and other Material in connection with the workshop (this release includes without limitation claims based upon invasion of privacy, defamation, or right of publicity). I also waive any right to inspect or approve any film, video, photographs or Material taken or created by BAYS or its representatives. I agree that BAYS is not liable for any misuse or unauthorized use of the Material by third parties.

Initial here: parent/guardian _____ participant _____

Code of Conduct

To ensure a safe atmosphere for all in attendance, we require all attendees and participants (collectively, "attendees") follow this Code of Conduct. Failure to comply with any of the items listed below will result in the attendee being sent home immediately at his/her expense (or if a student attendee, at the parent/guardian's expense). Attendees will be sent home early will not be entitled to a refund of any portion of workshop or travel fees.

1. No tobacco products or illegal drugs are allowed at the workshop. Student attendees may not drink alcohol at the workshop. BAYS is a nonsmoking workshop. Attendees are responsible for supplying, securing and taking any prescription medication.
2. Attendees will refrain from profanity or obscene language.
3. Attendees are required to attend all sessions and to be in their assigned locations at all times.
4. Student attendees are not allowed to leave the University of Santa Cruz campus unless as part of a specified group activity chaperoned by an adult. BAYS requires that all student attendees remain on campus throughout the duration of the workshop. If a student driver leaves the UCSC campus without permission from his/her adviser, chaperone or the workshop coordinators, Laura Parker or Melissa Hodge, the student's parents will be contacted and the student will be sent home immediately.
5. Attendees will dress appropriately in accordance with their school dress code.
6. Attendees must be quiet and in assigned beds at 'lights out' each evening. The time will be designated on the schedule students receive at workshop check in.
7. Men and women will be assigned separate sleeping quarters. Attendees of the opposite sex are NOT ALLOWED to meet together in areas designated as sleeping areas at any time for any reason.
8. Attendees will behave in a respectful manner at all times.
9. All interactions between attendees must be appropriate and in accordance with their school policy.

I have read and understand this Code of Conduct.

Initial here: parent/guardian _____ participant _____

Participation and Medical Release

In consideration of the educational opportunity provided, the below named attendee (and if a minor, the parent(s) or legal guardian(s) of the below named attendee) ("Releasers") assume the risk associated with, and do hereby hold harmless, release and forever waive, release and discharge any and all claims for personal injury or property damage which the Releasers may have, or which may later arise, as a result of or in connection with, the attendee's participation at the 2019 Bay Area Yearbook Seminar. This release is intended to discharge in advance BAYS, the workshop director, Laura Parker, the University of Santa Cruz, and their respective officers, agents, and employees ("Operators") from any and all loss, liability, damage, cost or expense arising out of or connected in any way with the attendee's participation in or attendance at the workshop even though that liability may arise out of negligence or carelessness on the part of those parties. The Releasers indemnify and hold harmless the Operators from any and all loss, liability, damage, cost or expense arising out of or connected in any way with the attendee's participation in or attendance at the workshop.

The below named attendee (and a minor, the parent(s)/legal guardian(s) of the below named attendee) also give permission for medical attention be administered to the attendee in case of injury or emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit. I understand that the emergency contact will be notified as soon as such communication can be made. BAYS may provide attendees with aspirin/acetaminophen/ibuprofen/naproxen upon request: the attendee is fully responsible to refuse any such pain reliever if allergic or if the attendee otherwise cannot receive it.

Initial here: parent/guardian _____ participant _____

Agreed and Accepted By (please write clearly):

School Name: _____ City/State: _____

Printed Name of Attendee/Participant: _____

Signature of Attendee/Participant: _____ Date: _____

(For student attendees) Printed Name of Parent/Guardian: _____ Phone: _____

(For student attendees) Signature of Parent/Guardian: _____ Date: _____

In case emergency treatment is required, my/our health insurance plan number and carrier are:

Insurance carrier: _____ Policy number: _____

Please mail, fax or email your completed form no later than June 10th to:

BAYS, 1608 W. Campbell Ave., #232, Campbell, CA 95008 Fax: 408-540-0223 Email: baysoffcestaff@gmail.com