



DO-IT  
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## Audio/Visual Release Agreement

I hereby agree to participate in the creation of media materials by DO-IT (Disabilities, Opportunities, Internetworking, and Technology) and by DO-IT project partners. I understand that various materials may be created from or associated with my participation in DO-IT events or programs, including the following (“Media Materials”):

- Audio and/or video recordings with text transcripts or summaries
- Photographs, including photographs of me
- Biographical information about me including name, disability, age, interests, city and state of residence, and name of school.

To the extent I may own rights in the Media Materials, I hereby give permission in perpetuity to DO-IT and the University of Washington (“UW”) to include the Media Materials in digital, print or other projects (“Projects”). I understand and agree that including the Media Materials in the Projects means that they may be copied, distributed, displayed, and performed in various media, now known or later developed, including without limitation websites, print media, and exhibits; and that derivative or modified works may also be made. I authorize DO-IT and UW to allow others to use the Media Materials provided the use is for educational, research, or noncommercial purposes. Except for the permission I am granting here, I retain ownership and all rights I may have in the Media Materials.

I understand and agree that I will receive no monetary payment for the permission I am granting in this Agreement. This Agreement expresses the complete understanding of the parties.

\_\_\_\_\_  
*First Name, Middle Initial and Last Name of Participant (please print)*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

*For Participant under 18 years of age, please have a parent/guardian complete the following:*

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### Parent/Guardian Permission Statement

I, \_\_\_\_\_, hereby certify that I am the parent and/or  
*Name of Parent/Guardian*

guardian of \_\_\_\_\_ . I agree to the above statement.  
*Name of Participant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*