PARTICIPANT PHOTOGRAPHIC/INFORMATION RELEASE FORM

Participant Name (please type or print legibly)

I hereby give the University of Hawai‘i at Mānoa, its agents and STEP-UP grantee institutions **permission to use photographed and/or videotaped images** made of me in any manner it deems proper, including, but not limited to, promotional activities and publication in its print and electronic publications, and its website, or in CD-ROM or database compilations. I also give permission for any audiotaped information and/or written or e-mailed quotes collected by STEP-UP staff to be used in any or all of the aforementioned ways. I relinquish all rights, title, and interest I may have in the information collected, finished pictures, negatives, slides, digital images and/or copies of any of these for this purpose. I waive the right of prior approval and hereby release the University of Hawai‘i at Mānoa, its agents and STEP-UP grantee institutions from any and all claims for damages of any kind based on this use of said material. **(Please check the appropriate box.)**

This form must be notarized.

☐ **I do not give** my consent for University of Hawai‘i at Mānoa, its agents or grantee institutions to utilize any photographic, videotaped, audiotaped, or e-mailed quotes from me in the aforementioned stated manner.

☐ **I hereby give** my consent for University of Hawai‘i at Mānoa, its agents or grantee institutions to utilize any photographic, videotaped, audiotaped, or e-mailed quotes from me in the aforementioned stated manner.

Signature of Student Participant

Date

Signature of Parent/Guardian

Date

Permanent Street Address

City

State

Zip Code

State of

County of

On the date below, before me the undersigned, a notary public, appeared in person, the person personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

/ /

Date of notarization (MM/DD/YEAR)

/ /

Date Commission Expires (MM/DD/YEAR)

Signature of Notary Public (Seal)