



Release Form for Publication and Video Purposes

Subject: UH Insect Museum Tour

Location: University of Hawaii at Manoa; Gilmore Hall 607

Event Date: _____

I grant to The University of Hawaii Insect Museum, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize The University of Hawaii Insect Museum, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that The University of Hawaii Insect Museum may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied.

I represent that I am at least 18 years of age, and that I am (or am the parent or legal guardian of) the individual mentioned below, and that I have read and fully understood the above paragraph and am knowingly and voluntarily executing this release without compensation to myself or my child.

Printed name _____

Organization Name (if applicable) _____

Address _____

Phone _____ Email _____

Signature _____ Date _____

(parent or guardian if under 18)