



UNIVERSITY OF  
**LOUISVILLE**®

Youth Protection Program  
Virtual Program Participant  
Release and Consent

**Program Name:** \_\_\_\_\_ **Program Number:** \_\_\_\_\_

**Program Dates/Duration:** \_\_\_\_\_ to \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Participant DOB:** \_\_\_\_\_

**AGREEMENT**

**Purpose:** This form is to be signed by each Participant (or the parent or guardian of any Participant under the age of 18) involved in a Program. In consideration for the educational, social, recreational, and other benefits to be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

**Assumption of Risk:** The Participant understands and acknowledges that there are risks, including significant risks, inherent in all virtual activities that can result in loss or damages including, but not limited to data and security breach. The Participant acknowledges that they have had an opportunity to investigate the Program before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Program. Participant also agrees to take all reasonable steps to avoid any risks

**Liability Release:** **THIS IS A RELEASE OF LIABILITY.** By signing this form, Participant knowingly and voluntarily, for himself/herself, his/her heirs, successors and assigns, waives, releases, exculpates, and discharges UofL and all of its agents from and against any and all Potential Liabilities connected with the Program.

**Indemnification:** The Participant agrees to hold harmless and indemnify UofL and its agents from and against Potential Liabilities related to or arising from Participant's involvement in the Program.

**Conduct:** Participant agrees, for the duration of the Program, to abide by all applicable federal, state, and local laws as well as the rules and regulations for the Program. Participant also agrees to

follow the Virtual Code of Conduct and the instructions of University officials, Program directors, and Authorized Adults.

## CONSENTS

**Communications with Participants under 13:** The Program would like to use **contact information belonging to Participants who are under 13 years of age** to send communications relating to the Program, during the duration of the Program as stated above. This contact information may include email address, phone number, or mailing address. Please note that certain Program activities may rely on communications with participants under 13. A Program's inability to contact a Participant may impact that Participant's experience.

You may withdraw your consent at any time by emailing the Program Director at: [lexus.trulock@louisville.edu](mailto:lexus.trulock@louisville.edu)  
If you withdraw your consent, the Program will not send any communications in the future. A withdrawn consent will not apply to past communications.

Yes, I give my consent.

**Communications with Parents, Guardians, or Participants over 18:** The Program would like to use your **registration and contact information** (such as name, address, phone number, email address, parent or guardian's relationship to a Participant who is under 18, Program in which participant is involved, etc.) to send communications about other UofL youth opportunities that may be of interest to you.

You may withdraw your consent at any time by emailing the Program Director at: [lexus.trulock@louisville.edu](mailto:lexus.trulock@louisville.edu)  
If you withdraw your consent, the Program will not send any communications in the future. A withdrawn consent will not apply to past communications.

Yes, I give my consent.

**Recruitment:** The Program would like to share: your registration and contact information (such as name, address, email address, phone number, mailing address, Program with which the Participant is involved, and Participant's grade level) and your background information (such as school, school district, athletic history, athletic achievements, relevant coursework, personal statements, enrollment in past programs, references from a participant's teachers or coaches) with relevant UofL units or departments for recruiting (including to contact parents, guardians, and/or the participant).

You may withdraw your consent at any time by emailing the Program Director at: [lexus.trulock@louisville.edu](mailto:lexus.trulock@louisville.edu)  
If you withdraw your consent, the Program will not send any communications in the future. A withdrawn consent will not apply to past communications.

Yes, I give my consent.

**Photography, Recordings, Use of Participant Likeness:** The Program would like to use photographs, video recordings, audio recordings, and/or content created in our Program that will identify or may identify the Participant.

The personal data described above may be Broadcast. For example, it may be:

- Published in the Program’s and/or UofL’s promotional materials. The promotional materials will be public, and personal data contained in the promotional materials may remain public indefinitely.
- Featured on the Program’s and/or UofL’s website for the purpose of recognizing Participant work, Program promotion, etc. The website will be public. Once featured, personal data visible on the website may remain public indefinitely.

By checking the box below, you grant permission for the Program to create recordings of the Participant’s Image in connection with the Participant’s involvement in the Program. You understand and agree that UofL’s use of the Recordings may include, but not be limited to, the activities described above. You acknowledge that neither you, as parent/guardian, nor your Participant will be paid for any uses made of the Recordings pursuant to this grant of permission. You waive the right to inspect or approve of the uses of any printed or electronic copy.

You acknowledge that UofL exclusively owns all rights to the recordings, including but not limited to, any copyright or trademark rights associated with the Recordings. To the extent the Recordings include any content created by the Participant as part of Program (such as drawings, writings, projects, artwork, and other works or creations (“Work”)), you hereby grant UofL a non-exclusive, perpetual, royalty-free, and unlimited license to use, reproduce, distribute, and display, any Work and derivative works later created from Work by UofL.

You, as parent/guardian, and the Participant, hereby waive all rights and release UofL and its agents from, and waive the right to sue such parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or relating to the use of the Participant’s Image.

You may withdraw your consent at any time by emailing the Program Director at: [lexus.trulock@louisville.edu](mailto:lexus.trulock@louisville.edu)  
If you withdraw your consent, the Program will not send any communications in the future. A withdrawn consent will not apply to past communications.

Yes, I give my consent.

This agreement shall be interpreted in accordance with Applicable Law. This is the entire agreement of the parties, and any changes must be in writing.

[ACKNOWLEDGEMENT AND SIGNATURE PAGE FOLLOWS]

**Acknowledgement:** I, AS PARTICIPANT, OR PARENT OR GUARDIAN OF A MINOR PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE OF THE RISKS ASSOCIATED WITH THE PROGRAM, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE PROGRAM. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

\*If Participant is under the age of 18, the Parent or Guardian must execute this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Acknowledgement:** THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 18, HAS READ AND UNDERSTANDS THIS DOCUMENT, UNDERSTANDS THE RISKS ASSOCIATED WITH THE PROGRAM, IS VOLUNTARILY ALLOWING PARTICIPANT TO TAKE PART IN THE PROGRAM, HAS THE RIGHT TO SIGN ON BEHALF OF THE PARTICIPANT, IS SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGES THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREES TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT, HIS/HER HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_