

## Baltimore Youth Film Arts Program Student Fellow Release Form 2022

*This form must be completed by a parent/guardian if the participating student is under the age of 18.*

I, \_\_\_\_\_ (*print first and last name*), would like to participate in the Baltimore Youth Documentary Film Arts Program (“Program”). I certify that I am 18 years old or older.

Alternatively, I certify that I am the parent or legal guardian of \_\_\_\_\_ (*print first and last name*), who is a participant in the Program.

I understand that as part of the Program I or my child may be filmed or photographed by Johns Hopkins University (“JHU”) and its employees, officers, and agents. I, on behalf of myself or on behalf of my child, hereby irrevocably grant to JHU and its assigns and licensees the right to photograph, film, and record me or my child and to use such photographs, films and recordings of my or my child’s voice, likeness and name in connection with the Program, including but not limited to, the distribution, advertising, promotion, and exhibition of films created in the Program, and any and all ancillary rights, by any method or device now known or devised in any media throughout the world. This grant is perpetual. I agree that I shall have no right of approval and no claim to compensation hereunder.

I understand that JHU will post and display all works created in the Program, including but not limited to films and photographs, on publicly accessible websites that are owned and maintained by JHU. Although I or my child shall own any works that I or my child create in the Program, I agree to allow JHU to post and display all works that I or my child create during my participation in the Program. This grant is perpetual. I agree that I shall have no right of approval and no claim to compensation hereunder.

My or my child’s participation in the Program is entirely voluntary. I recognize and acknowledge that I (or my child) am at risk for physical injury, illness, accident, disability, death, damage to personal property, monetary loss, or other contingencies as a result of participating in or attending the Program or related activities. I voluntarily assume all of the foregoing risks, the results and consequences thereof, and understand that JHU assumes no responsibility or liability for or in connection with the foregoing. I further understand that JHU assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, accident, disability, death, monetary loss or property damage or other contingencies.

I agree to release and indemnify, defend and hold harmless JHU and its employees, officers and agents from any and all liability and damages or losses I or my child may suffer to our persons or property or both which arise out of or occur during my or my child’s participation in the Program.

I agree that this Release is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall

continue in full force and effect. I acknowledge that I have read this entire document, and I agree to its terms.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date