

**RELEASE & WAIVER**  
***DePaul University School of Cinema & Interactive Media***

I, \_\_\_\_\_ (name), am participating as an actor or other crew member in the film project being completed by students in DePaul University's School of Cinema & Interactive Media ("DePaul")\*\* at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) (hereinafter the "Film Project").

I am participating in the Film Project of my own free will. This Release & Waiver covers the entirety of my participation in the Film Project, including travel to and from the Film Project. I acknowledge and appreciate that being an actor or other crew member on the Film Project requires a moderate level of physical activity, and that certain risks are inherent in participating in these activities. These risks include, but are not limited to, personal injury, illness or death, property damages, and property loss or theft. The risks may arise out of accidents or other circumstances, including, but again not limited to, the negligent acts or omissions of myself or others (including DePaul University and its students or agents).

I hereby grant DePaul, and those acting under its authority, the right and license to film and take photographs of me in connection with the Film Project and to use my name, image, and likeness in all forms and media for all lawful purposes including, but not limited to, the Film Project, and internal and external DePaul communications. I understand that I will not own any rights to the Film Project and I waive any opportunity and/or right to inspect or approve the Film Project or the use of my name, image, and likeness in the manner stated above.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Film Project. Should I become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to the Film Project will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

In consideration of my being allowed to participate in the Film Project, I personally assume all of the risks in connection with the Film Project, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, DIRECTORS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, JUDGMENTS, COSTS AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT, ARISING OUT OF ANY ACCIDENT, CIVIL DISTURBANCE OR DISORDER, ACT OF TERRORISM, OR ANY OTHER OCCURRENCE DURING THE FILM PROJECT OR WHILE I AM TRAVELING TO OR FROM THE FILM PROJECT, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY OWN ACTS OR OMISSIONS DURING THE FILM PROJECT, INCLUDING MY TRAVEL TO OR FROM THE FILM PROJECT.

I enter into this Travel Release & Waiver for myself, my heirs, my assigns and my legal representatives.

***In signing below, I certify that I AM AT LEAST 18 YEARS OLD and have read and fully understand the above.***

\_\_\_\_\_  
Participant Signature Printed Name Date

\_\_\_\_\_  
Emergency Contact Name Phone Number

***\*Parent/Guardian signature is also required for minor participants under the age of 18.***

\_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Printed Name Date Relationship to Participant

\*\*This Release & Waiver relates to coursework for the course listed below. To the extent that you have any questions or concerns prior to signing this document, please contact the course instructor.

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_