

Participation Agreement and Release Form

In consideration of my participation in _____ (the "Presentation") sponsored by the School for Global Inclusion and Social Development (SGISD) and the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston (the "University"), I, _____, give my approval for my story, photographs and/or motion picture/video film (collectively the "Works") to be taken of me, as well as personal information about me, including the fact that I may have a disability, and used by the University or anyone authorized by the University, for non-profit, public view, including:

- teaching
- professional training purposes
- to share information with parents, professionals, and consumers
- other purposes in the interest of community awareness, education, research, marketing, publicity, or advertising

This statement has been discussed with me and I understand that, at the University's discretion, these Works may be used in electronic or print media, including the web, slide shows, training videos, social media, newsletters, broadcast and cable TV, and other forms of publication. I understand that my name will not be used in connection with these materials if I do not wish it to be used. I also understand that I may withdraw my consent at any time.

I acknowledge and agree that I am participating in the Presentation voluntarily, for my own personal interest, and not as an employee, agent, student, or representative of the University. I acknowledge that I am over 18 years of age, that I have fully read this, that I understand and agree with its terms, and that I am signing this of my own free will.

YES, SGISD/ICI may use my FIRST and LAST name.

YES, SGISD/ICI may use my FIRST name ONLY.

NO, SGISD/ICI may NOT use my name.

To be filled out by participant:

Participant signature

Date

Print name

Address

City, State, Zip

Parent Guardian Consent (if Participant is under 18 years of age)

I am the parent or guardian of the minor named above. I have the legal right to consent and do consent and agree to the terms and conditions of this Participation Agreement and Release.

Parent/guardian signature

Date

Parent/guardian name

Parent/guardian Address

City, State, Zip

