

Hawk Fitness Academy Photo/Video Release

**Agreement by the subject to confer rights to use video(s) by the HSES Department,
University of Kansas**

I hereby give my consent for my son or daughter to be photograph or videograph during the Hawk Fitness Academy, in the HSES Department, University of Kansas to be used as an instructional video to train instructors for the Hawk Fitness Academy and promotional content.

Name (please print)

Signature

Age

Camp Location (Lawrence or Edwards)

If the subject is a minor (younger than 18 years), please complete the following:

Name of parent or guardian (please print)

Parent's or guardian's signature

Hawk Fitness Academy, HSES Dept., 1301 Sunnyside Avenue, Lawrence, KS 66045