

Sports Skills & Fitness School 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 Sports Skills and Fitness School, 2016 in the HSES Department, University of Kansas to be used as an instructional video to train instructors for the Sports Skills and Fitness School as well as elementary teachers on the use of physical activity to promote learning..

Name (please print)

Signature

Grade level

Hometown

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

Sports Skills & Fitness School, HSES Dept., 1301 Sunnyside Avenue, Lawrence, KS 66045