

**Jet Propulsion Laboratory**  
California Institute of Technology  
4800 Oak Grove Drive  
Pasadena, CA 91109

**AUTHORIZATION AND RELEASE  
FOR PHOTOS, AUDIO AND/OR VIDEO RECORDINGS OF,  
AND/OR ARTWORK FROM A MINOR CHILD  
& MEDICAL RELEASE FOR A MINOR CHILD**

**SUBJECT PRODUCTION/OUTREACH PROJECT:**

(Project) \_\_\_ Student Showcase \_\_\_\_\_

Child's Name: \_\_\_\_\_ (Child)

I, \_\_\_\_\_, hereby grant to the California Institute of Technology (Institute) and its Jet Propulsion Laboratory (JPL) the right to make, use, create derivative works, and/or display:

- (1) photos, video and/or audio tape recordings of, my Child and/or
- (2) artwork (in any media, including drawings, photos, music and video creations) created by my Child and submitted to JPL and/or in any manner or form, and for any lawful purpose at any time. I also grant the Institute the right to use my Child's name associated with such photos, recordings of my Child or with his/her artwork. I understand that my Child may be photographed and/or video or audio taped verbatim and that the Institute may allow persons external to the Institute to view the pictures or recordings in part or in their entirety. I also understand that any artwork submitted by my Child to the Institute for the Project may be edited, reproduced or displayed publicly at the Institute's discretion. I am fully aware and agree that such use of my Child's image or artwork and name may include posting on publicly available internet sites, including JPL sites and other publicly viewable social media sites. I waive any right that I may have to review or approve of any finished products, or the uses to which such products may be applied.

I release and discharge the Institute, its employees, sponsors, and subcontractors from any liability to me by virtue of any representation that may occur in the creation, editing or use of said photos and/or video or audio tape recordings or the editing or use of my Child's artwork.

In case of an emergency and if I cannot be reached I, the undersigned parent or guardian of the above named child, do hereby consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon. This authorization is given in advance of any required care to empower a representative or other official of Caltech to give consent for such treatment as the physician may deem advisable. This authorization is effective unless

revoked in writing. I accept full responsibility for any medical expenses incurred as a result of these actions.

In case of emergency, if I cannot be reached, please notify:

\_\_\_\_\_  
(Name) (Home Phone) (Work Phone)

\_\_\_\_\_  
Medical Insurance Carrier Policy Number

Family Physician or Practioner: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_

I have read this agreement before signing below and warrant that I fully understand its contents.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_