



TEACHER RELEASE

Project: American Academy of Forensic Sciences Student Academy Day
Tuesday, February 22, 2016

Location: Rio All-Suite Hotel & Casino
Las Vegas, NV

I hereby assign and grant to the American Academy of Forensic Sciences (AAFS) the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me, and I hereby release AAFS and its agent, üli Creative LLC (agent), from any and all liability, claims, or demands from such use or publication.

I also understand that members of the media may attend Student Academy Day and may interview teachers, forensic scientists, and students for print, electronic, and broadcast news stories. Footage, interviews, and photos secured by the media for stories will be used at the discretion of the media outlet. I understand that the AAFS and its agent will not be responsible for any story content as created by individual media outlets and I hereby release them from any and all liability, claims, and demands arising therefrom.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of AAFS or its agent and I specifically waive any right or claim I may have to compensation for the foregoing.

Teacher Name (Please Print)

Teacher Signature & Date

Name of School

Address

Telephone

_____ I will attend the 2016 AAFS Student Academy; however, I elect not to be photographed or interviewed. I understand that I will be provided a separate identifying label to wear which states "No Photos/Interviews."

While the Academy will make every effort to accommodate most food-borne allergies or dietary preferences*, the facility may or may not be able to address all categories. Please provide specific requests on the line below (including vegetarian or vegan preferences):

Food Allergies: _____

*Options for allergy/preference choices submitted after January 15 may or may not be accommodated.

**This signed release will be archived at the AAFS offices located in
Colorado Springs, CO.**

American Academy of Forensic Sciences
410 North 21st Street, Colorado Springs, CO 80904
(719) 636-1100



STUDENT RELEASE

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Student Name (Please Print)

Student Signature & Date

Parent Name (Please Print)

Parent Signature & Date

_____ My child will attend the 2016 AAFS Student Academy; however, I elect not to have him/her photographed or interviewed. I understand that he/she will be provided a separate identifying label to wear which states "No Photos/Interviews."

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