Spinal Cord Injury Association of Connecticut

2nd Annual Adaptive Sports and Recreation Exploration Day

First Name _____

Last Name _____

Company _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

I would like to register as
- ☐ Participant
- ☐ Vendor / Exhibitor *

I would like to become a member of CTSCIA ☐

Comments / special concerns you would like to make us aware of:

_____

_____

*For vendors / exhibitors we suggest a minimum donation of $50 for each table. Please make checks out to “Spinal Cord Injury Association of Connecticut;

PHOTO-VIDEO-MEDIA RELEASE FORM (*required for event registration and participation.)*

I (together with my parent, guardian or power of attorney, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, to hereby grant the unlimited, irrevocable right and permission to Quinnipiac University, its representatives and employees the right to photograph me and my property and/or record my voice, performances, poses, acts, plays and appearances and use my picture, photograph, silhouette, and other reproduction of my physical likeness and sound in connection with all University-related activities including such purposes as publicity, illustration, advertising, marketing, social media and web content. I authorize Quinnipiac University and the Spinal Cord Injury Association of Connecticut, their assignees and transferees the right to copyright, use and publish the same in print and/or electronically. I agree that Quinnipiac University may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing, social media and Web content. I agree that this is for educational purposes only and not for financial gain. I agree that I will not assert or maintain against Quinnipiac and the Spinal Cord Injury Association of Connecticut, their representatives and employees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with Quinnipiac's authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release Quinnipiac, its representatives and employees from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter cause or thing arising out of Quinnipiac's use as herein provided. I have read and understand the above and acknowledge that unless I submit a letter in writing to Integrated Marketing and Communication, Quinnipiac University, 275 Mount Carmel Ave, Hamden, CT 06518 this release will be in full force in perpetuity."

Registrant's signature:

By signing this form, I have read the PHOTO-VIDEO-MEDIA-RELEASE-FORM and agree to the terms. This agreement is required for event registration and participation.

Please Mail Form and enclose donations to:

Professor Julie Booth
275 Mt. Carmel Ave.
Hamden, CT 06518
E: Julie.Booth@quinnipiac.edu
P: 203-582-3681