



Teacher Program Agreement & Media Release Form

Please submit this signed form electronically to apr.ucr@gmail.com or by mail.

AP Readiness
UCR GSOE
900 University Avenue
Riverside, CA 92521

If you have any questions, please call James Keipp at (951) 827-5225 or email at apr.ucr@gmail.com.

Program Agreement

I understand that if I am accepted to this program, I will commit to working with AP or AP Potential students at my school; this will include supervising students on the bus and during the program at UC Riverside.

Name of Teacher: _____ School: _____

Signature of Teacher: _____

Date: _____

Administrator's Approval

I will support the AP Readiness Activities and the teacher as stated above.

Approval of Administrator in Charge: _____

Date: _____

Priority will be given to teachers who apply with students from their school.



Office of Strategic
Communications

Photo/Video Release

I, (please print your name) _____
give the University of California, Riverside, the absolute right and permission to
use my photograph/video in its promotional materials and publicity efforts. I
understand that the photographs/video may be used in a publication, print ad,
direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW,
UCTV), or other form of promotion. I release the University, the
photographer/videographer, their officers, employees, agents, and designees
from liability for any violation of any personal or proprietary right I may have in
connection with such use. I am 18 years of age or older.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ email _____