

## PHOTO/VIDEO RELEASE FORM

I hereby authorize Florida Atlantic University (University) and those acting pursuant to its authority to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the University. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

	☐ Student	☐ Faculty ☐ Staff [	☐ Other	
Name of Participant (plea	ase print):			
Participant Signature:				
Parent/Guardian Signatur	e (if Participan	t is under 18 years o	of age):	
Date:				
Phone number:		Email:		
OFFICE USE ONLY:	LID	TOD.	DOT.	
M F • W B H A O	HK	10P:	BOT:	<del></del>

Office of University Communications • 777 Glades Road • Boca Raton, FL 33431 tel: 561.297.3025 • fax: 561.297.2307 • marketing@fau.edu • www.fau.edu