



FAU Owls Abroad Photo Contest Photo Entry Form

Name: _____ Z Number: _____

Email: _____ Phone: _____

Study Abroad Program: _____

City/Country: _____ Semester/Year: _____

Submitted photo(s) title, location and caption:

1) Photo Title: _____ Location (City/Country): _____

Caption (background info about photo): _____

2) Photo Title: _____ Location (City/Country): _____

Caption (background info about photo): _____

3) Photo Title: _____ Location (City/Country): _____

Caption (background info about photo): _____



FLORIDA ATLANTIC 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 (please print): _____

Participant Signature: _____

Parent/Guardian Signature (if Participant is under 18 years of age): _____

Date: _____

Phone number: _____ Email: _____

OFFICE USE ONLY:

M F • W B H A O _____ HR _____ TOP: _____ BOT: _____