PHOTO/VIDEO RELEASE FORM  
Participant under 18 years old

I hereby give permission for the name, likeness and biographical material of the minor child listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

___ Student ___ Faculty ___ Staff ___ Other

Name of Minor (please print): __________________________________________________________

Name of Parent/Guardian: _____________________________________________________________

Parent/Guardian Signature: __________________________ Date: _________________________

Phone number: __________________________ Email: ___________________________________

OFFICE USE ONLY:
M F • W B H A O__________ HR__________ TOP: ______________ BOT: ______________

Marketing and Creative Services  
777 Glades Road, Boca Raton, FL 33431-0991  
tel: 561.297.2080 • fax: 561.297.2307 • wplate@fau.edu • www.fau.edu