



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): _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Phone number: _____ Email: _____

OFFICE USE ONLY:

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