Photography Consent/Model Release Form
for Minor Children (under 18)

I, _____, parent or
(print parent or guardian name)
official guardian of_____
(child's name)

Do hereby grant permission to the Clemson University Summer Scholars and its employees or representatives, to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials pertinent to the Summer Scholars program as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Clemson University website (*www.clemson.edu*)

I agree that my child's identity (*circle one*): may be revealed
may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Summer Scholars and Clemson University.

_____
Name of parent/ legal guardian
PLEASE PRINT

_____ _____
Signature of parent/ legal guardian *Date*

_____
Address

_____
City, State, Zip