Photo/Video Release Form

UNIVERSITY of WEST FLORIDA

I authorize the University of West Florida, acting for and on behalf of the University of West Florida Board of Trustees ("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 a variety of promotional, advertising, educational, and/or other lawful purposes.

I agree to release the University from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the University.

❑ Student ❑ Faculty ❑ Staff ❑ Other

Name of Participant _____
(Please print)

Signature of Participant _____ Date _____
(If 18 or older)

IF UNDER 18:

Legal Guardian Name _____
(Please print)

Legal Guardian Signature _____ Phone number _____

Email _____

OFFICE USE ONLY:

Project/Intended Use _____

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