

STANDARD USF PHOTOGRAPHY/VIDEO RELEASE

CHECK APPROPRIATE BOX: For an adult For a minor under the age of 18

I, the undersigned, hereby consent to the use by the University of South Florida (USF), and those acting with permission and authority of USF, of all photographs, videotape, or other images or recordings that USF has taken of me or in which I may be included, for all purposes, in any and all media including the Internet, without limitation, including promotion, solicitation, advertising or trade.

I am fully aware that my likeness may appear in materials available to students, parents, faculty, or staff of USF, and individuals outside of the USF community.

I hereby waive any right to inspect or approve the finished images or other content, including advertising copy or printed matter, in which they may be used.

I understand that any distribution of the images will be fully compliant with USF policies, statements and values. I release USF and those acting under their authority from any liability related to the alteration, intentional or otherwise, that may occur in connection with the processing, editing, transmission, display or publication of the images, and understand that images may be cropped or altered for purposes of illustration.

I understand that all images in which I participate, including film, photographic prints, digital files, or video are the exclusive property of USF and I grant to USF the unrestricted right to copyright, publish and re-publish the images.

PRINT NAME (PHOTO SUBJECT)

DATE

PRINT NAME OF PARENT/GUARDIAN (IF MINOR RELEASE)

AGE (IF MINOR) /USF CLASS LEVEL

Parent/legal guardian warrants and represents that he/she has the full legal capacity to consent to the shoot and to execute this release.

SIGNATURE

TELEPHONE

EMAIL

PHOTOGRAPHER

TELEPHONE

EMAIL

DESCRIPTION OF SHOOT (LOCATION AND PURPOSE):