



MODEL RELEASE FORM

PHOTOGRAPHER NAME

/ /

PHOTO SHOOT

LOCATION

DATE

For and in consideration of benefits to be derived by me from the participation in activities of the University of Central Florida, including, but not limited to, the above listed photo/video shoot, I, the undersigned Participant, hereby authorize the UNIVERSITY OF CENTRAL FLORIDA, and any agents, officers, employees or servants of the University of Central Florida, to record and photograph my image and/or voice for use by the University of Central Florida or its assignees for purposes that include, but are not limited to, the creation of training and/or other informational materials, scientific research, quality assurance, recruiting, advertising and marketing, as well as education and teaching, at the University of Central Florida's sole discretion. I specifically acknowledge and agree that any photo and/or video appearance of me may be displayed online and used for promotional purposes and/or in any other manner or medium and for any purpose desired by the University of Central Florida.

I understand and agree that these audio, video, film and/or print images may be used, edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees to me or to anyone else on my behalf forever, and I hereby relinquish all right, title and interest therein to the University of Central Florida.

I release the University of Central Florida and any agents, officers, employees or servants of the University of Central Florida, the University of Central Florida Board of Trustees, the Florida Board of Governors and the State of Florida and their respective agents, officers, employees and servants from any and all liability relating to the taking, reproduction and/or use of such photographs, video images and/or sound recordings. I hereby certify that I am at least 18 years of age and that I am legally competent to sign this form. If I am under the age of 18, I have had my parent or legal guardian sign this form, along with myself.

PARTICIPANT'S FULL NAME (PRINTED)

SIGNATURE

EMAIL

PHONE

DEGREE / GRAD YEAR

(IF APPLICABLE)

I consent to my name being used with my photograph.

Please contact me for other photo shoots.

FOR PARENTS OR LEGAL GUARDIANS ONLY (IF NECESSARY)

I hereby certify that I am the parent or legal guardian of the above named model, and for value received. I do give my consent without reservations to the forgoing on behalf of him, her or them.

NAME

RELATIONSHIP

SIGNATURE

DATE