



RELEASE FORM

Location / Date

Name:

For valuable consideration, hereby received, I irrevocably consent to and authorize the use and reproduction by University of Central Florida, as well as any UCF affiliated entities or direct support organizations (together UCF), or anyone authorized by UCF, of any and all images which you have this day taken of me, negative or positive, mechanical or electronic, for any purpose whatsoever, without restriction, and without further compensation to me. All negatives, positives, video or audio tapes, electronic files, together with any prints shall constitute UCF property, solely and completely. I hereby release, discharge, indemnify and save harmless UCF, the UCF Board of Trustees, the State of Florida and the Florida Board of Governors and their respective agents, officers, employees and servants, the photographer, his/her representatives, assigns, employees, or any person or corporation acting under the permission of UCF or the photographer, including any firm publishing or distributing the finished product, even though the finished product may be distorted, blurred, altered or used in composite forms, in conjunction with factual or fictional text, either intentionally or otherwise and subject me to scandal, scorn, ridicule, reproach or indignity. I hereby waive any right to approve the finished image or any copy which might be used in conjunction with the finished image. If I am below the age of majority (18) in the legal jurisdiction applicable to this agreement, the agreement has been signed or approved by the parent or guardian.

Signature _____ Date _____

e-mail _____

I consent to my name being used with my image.

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 _____