



Photo / Video Release Form

I hereby authorize Florida Atlantic University Board of Trustees and the Osher Lifelong Learning Institute, and those acting pursuant to its authority ("University") to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) archive such recordings for an indefinite period of time; 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 any reason whatsoever, including but not limited to the educational, promotional, and/or advertising needs of the University. I release and hold harmless University, its agents, officers and employees, and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the University. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

Student Faculty Staff Other: _____

Name of Participant (please print): _____

Participant Signature: _____

Parent/Guardian Signature (if Participant is under 18 years of age): _____

Date: _____

Phone number: _____

Email: _____