



# Eastern Florida STATE COLLEGE

## Photography & Video Release

I hereby authorize Eastern Florida State College to use photographs and/or videos of me and/or my property for marketing and promotional purposes, including but not limited to, digital, print or broadcast exhibit, publication, reproduction and advertising. I affirm that I or my legal guardian is of legal age and have the right to agree with the terms of this release.

Date: \_\_\_\_\_

**If older than 18:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

B Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**If under 18:**

Parent Name /Legal Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_