PHOTO/VIDEO RELEASE FORM
Participant under 18 years old

I hereby give permission for the name, likeness and biographical material of the minor child listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

[X] Student  [ ] Faculty  [ ] Staff  [ ] Other

Name of Minor (please print): __________________________________________________________

Address: ____________________________________________________________________________

City: __________________________ State: ___________ ZIP: __________________________

Name of Parent/Guardian: _____________________________________________________________

Parent/Guardian Signature: __________________________ Date: __________________________

Phone number: __________________________ Email: __________________________

School Name: __________________________

Event: AMC8 Middle-School Math Day 2018

Date: Saturday, November 17, 2018

OFFICE USE ONLY:
M F • W B H A O_______ HR_________ TOP: ___________ BOT: ___________