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.

☒ 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 2016

Date: Friday, November 15, 2016

OFFICE USE ONLY:
M F • W B H A O ________ HR ________ TOP: _______________ BOT: _______________