



Minor Photo Release Form

I do hereby grant to Photographer, _____, and to his/her employees or assigns, permission to photograph and/or capture video of the minor indicated below, and use such imagery in any manner consistent with the promotion of the University of South Florida and its affiliated agencies. Such use to include, but is not limited to: publication, display, advertising, editorial illustration, web use, broadcast, etc. I hereby swear that I am the legal guardian of said minor, I am of sound mind and body, and I agree to all terms stated above.

Description of Shoot:

Subject's Name:

Legal Guardian (Name Printed):

Legal Guardian (Signature):

Date:

Witness:
