



Legal Guardian 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 person (subject) indicated below, and use such images in any manner consistent with the promotion of the University of South Florida and it's 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 person, 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:
