



## Photo and Video Release Form

I \_\_\_\_\_, grant Florida National University the right to take pictures/videos of me in connection with activities and/or events.

I agree that Florida National University may use such pictures/videos of me for any lawful purpose, including for example publicity, illustration, advertising, social media, and Web content.

By signing this form I acknowledge that I have read and understand the above. I hereby release Florida National University, its directors, officers, successors, etc. from any and all demands, claims and actions for the use of these pictures, videos, etc.

Signature \_\_\_\_\_ Last 4 digits SS # \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_