

**VIDEO & PHOTOGRAPHY RELEASE FORM**

I hereby give the unqualified right to Nova Southeastern University to take pictures and/or recordings of me and to put the finished photos/recordings to any legitimate use without limitation or reservation.

\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Contact Name

\_\_\_\_\_  
Date

**If individual photographed/recorded is under eighteen (18) years old, the following section must be completed:** I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

\_\_\_\_\_  
Signature of Parent/Guardian of Individual Photographed/Recorded

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Contact Name

\_\_\_\_\_  
Date