

BROWARD EDUCATION FOUNDATION'S SCHOLARSHIP PROGRAM



Release Form for Media Recording or Image

I, the undersigned, do hereby consent and agree that Broward Education Foundation, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on October 9, 2017 to use these in any and all media, now or hereafter known, and exclusively for the purpose of Broward Education Foundation's community exposure. I further consent that I may be asked to allow my name to be revealed therein or by descriptive text or commentary.

I do hereby release to Broward Education, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. If I am not 18 years of age, my parent/guardian has signed in addition to my signature.

Name: _____ Date: _____

Address: _____

Phone: _____ Student ID: _____

Email: _____

Student Signature: _____

Signature of Parent/Guardian if Student is under 18 years old _____

