



**Photographic/Film Consent & Release Form**

I, the undersigned, participating in The Summer Research Internship Program  
**[insert name and date of activity/program]**, hereby give my consent to The Florida International University Board of Trustees ("FIU") regarding the following:

I give FIU authority to: (i) record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium and to use my name in connection with these recordings; and (ii) use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media throughout the universe (including, but not limited to, the Internet, social media, print publications, video tapes and any other physical, electronic or other medium presently in existence or invented in the future) for any purpose that FIU, and those acting pursuant to its authority, deem appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use. I understand and agree that all such recordings, in whatever medium, shall remain the property of FIU.

I hereby release FIU from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may have from liability for any violation of any personal or proprietary right I may have in connection with such use of my likeness, voice, or name in any medium, and expressly waive any rights to privacy I may have under the Family Educational Rights and Privacy Act ("FERPA"), §1002.22, Fla. Stat., and/or any other applicable law.

**I have read, fully understand, and agree to abide by the terms of this Photographic/Film Consent & Release Form.**

\_\_\_\_\_  
Print Name Panther ID No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature Date