



Photographic/Film Consent & Release Form

I, the undersigned, am the parent or legal guardian of _____, a minor child, younger than 18 years of age ("My Child") who is participating in
Summer Research Internship Program

[insert name of program, department sponsor, location and dates of the program]. I hereby give my consent to The Florida International University Board of Trustees ("FIU") regarding the following:

I give FIU authority to: (i) record the likeness and voice of My Child on a video, audio, photographic, digital, electronic or any other medium and to use My Child's 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, print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other 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 or My Child may have from liability for any violation of any personal or proprietary right I or My Child may have in connection with the use of My Child's likeness, voice, or name in any medium, and expressly waive any rights to privacy I or My Child 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.

Parent or Legal Guardian for: _____

Print Name _____

Address _____

Signature _____ Date _____