



UNIVERSITY OF CENTRAL FLORIDA

**Youth Protection Program
Photo and Media Release Form**

_____ Yes, I (parent/guardian name) _____, the parent and/or legal guardian of the Participant, (participant's name) _____, hereby give the University of Central Florida, and the University of Central Florida Board of Trustees, the right and permission to use, reproduce, edit, exhibit, project, display, record, copyright and/or publish my/my child's images, likeness, and voice in the whole or in part, on any materials developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses, and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Central Florida's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to indemnify and hold harmless the University of Central Florida, and the University of Central Florida Board of Trustees, the State of Florida and the Florida Board of Governors and their respective employees, officers, agents, volunteers, licensees, successors, legal representatives and assignees ("Releasees") from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the Releasees shall not be responsible for any use of such image, likeness or recording by any third party accessing it through the internet or any other means.

_____ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____