



Office of
COMMUNITY RELATIONS & MARKETING

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Videotape Recording and Photograph Authorization, Release and Indemnification

Subject _____

I hereby grant Florida Gulf Coast University and its legal representatives permission to use videotape recordings and/or photographs of me in connection with the subject production which has been deemed for educational purposes, in any manner or form for any lawful purpose at any time. I also grant FGCU permission to use, at no charge, videotape recordings and/or photographs. I also waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith, or the use to which it may be applied.

I release and discharge FGCU from any liability to me by virtue of alteration that may occur in the making or editing of said videotape recording and/or photographs.

I agree to indemnify and hold harmless FGCU, the State of Florida, and the FGCU Board of Trustees, arising from any events that may occur or circumstances that arise in the making of said videotape recordings and/or photographs.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Videotape Recording and Photograph Authorization, Release and Indemnification and understand all its terms.

Signature of Participant or (if minor) Parent

Printed Name

Date