

# 2018 GE-FIT Girls in STEM Camp

Major: \_\_\_\_\_ Year: \_\_\_\_\_

*Florida Institute of Technology*

**MODEL RELEASE**

**Return completed form and images to:**

Florida Institute of Technology • Office of Creative Services  
150 W. University Blvd, Melbourne, FL 32901-6975  
(321) 674-8963 • creativeservices@fit.edu

**Please type or print clearly**

I, \_\_\_\_\_, do hereby give Florida Institute of Technology assignees, licensees and legal representatives the irrevocable right to use my name (or fictional name), picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith in consideration of \$ \_\_\_\_\_, receipt of which is acknowledged.

**I have read this release and am fully familiar with its contents:**

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

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_

**If model is of minor age, additional consent of parent or guardian is required:**

I have legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

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

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

Address \_\_\_\_\_

**For office use:**

Dept./Office \_\_\_\_\_ Faculty/Staff Name \_\_\_\_\_

Photographer \_\_\_\_\_ Phone \_\_\_\_\_

Photo Shoot Date \_\_\_\_\_ Subject/Location \_\_\_\_\_

ID Method \_\_\_\_\_

*Roll/print number, hair and/or clothing color, etc.*

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