

Adult Photo Release Form

| and agree to all terms stated above. Description of Shoot: Subject's Name (Printed): Subject's Name (Signature): | I do hereby grant to the USF College of Marine Science representative | |
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| affiliated agencies. Such use to include, but is not limited to: publication, display, advertising, editorial illustration, web use, broadcast, etc. I hereby swear that I am an adult of sound mind and body, and agree to all terms stated above. Description of Shoot: Subject's Name (Printed): Subject's Name (Signature): | and to his/her employees or assigns, permission to photograph and/or capture video of me and use | |
| illustration, web use, broadcast, etc. I hereby swear that I am an adult of sound mind and body, and agree to all terms stated above. Description of Shoot: Subject's Name (Printed): Subject's Name (Signature): Date: | | |
| Description of Shoot: Subject's Name (Printed): Subject's Name (Signature): Date: | illustration, web use, broadcast, etc. I hereby swear that I am an adult of sound mind and body, | |
| Subject's Name (Printed): Subject's Name (Signature): Date: | and agree to all terms stated above. | |
| Subject's Name (Signature): Date: | Description of Shoot: | |
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| Subject's Name (Signature): Date: | Subject's Name (Printed): | |
| Date: | | _ |
| Date: | Subject's Name (Signature): | |
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| Witness: | Date: | |
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