

College Relations & Marketing

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MODEL RELEASE (minor)

CRM_ModelReleaseMinor_02052018_KF

Please fill out completely and sign/da	ate at the bottom.		
NAME OF MINOR:			
NAME OF PARENT/GUARDIAN GRANTING PERMISSION:			
ADDRESS:			
PHONE:			
EMAIL:			
EVENT/CLASS TITLE:			
I,	, hereby agree that the	e District Board of Trustees of Pa	ılm Beach State College
(the "College"), and those acting pure			
likeness and voice on videotape, audi			
dependent listed above and I hereby u			
legal purpose the College deems appr also, I hereby forever waive (i) any rig	•	-	- · ·
acting pursuant to the College authorit			
this Consent and Release, including, w			
pursuant to its authority who publish,			
legal purposes. I understand the fore	egoing consent and release	grants the College the right to	edit, crop, retouch, or
otherwise reasonably alter such materi	als, at its discretion, and, at it	s option, to reveal my name and ic	dentity in such materials
or by descriptive text or commentary	v. I understand and agree th	at any intellectual property right	ts associated with such
materials are the sole property of the			
the laws of the State of Florida and if a	·		
with any law governing this release, th	•	• • • • • • • • • • • • • • • • • • • •	• •
or impaired thereby. I hereby warran			pointed guardian of the
minor, and that I have every right to co	ontract for the minor in the a	bove regard.	
SIGNATURE (required):		DATE:	

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