FSCJ Florida State College at Jacksonville

Florida State College at Jacksonville Photography/Video Release (multiple entries)

Event_____Date _____

By signing below, I hereby grant Florida State College at Jacksonville the perpetual right and license to use my name, voice, image/appearance, comments and demographic information such as age, hometown and/or major, in any of its materials, including print, digital or audio, for internal and external audiences. I acknowledge that my participation is voluntary, and I will receive no financial compensation now or in the future.

I, understand that as a student I am entitled to all state and federal privacy laws including the Family Education and Privacy Act (FERPA) and I waive any claim or privacy right with regard to the recording of video or photographic images and their use in this course and project listed above. I understand that the recording that directly results from this project may be shared and distributed to the public, and I consent to the use of my image in such a manner. I understand that this consent is not mandatory nor is a grade dependent on it. I understand that Florida State College at Jacksonville is not responsible for the unauthorized reproduction of my image and waive any rights and hold Florida State College at Jacksonville harmless from any claims based on the unauthorized reproduction.

I further agree that my participation in any marketing or communications materials including websites produced by the College confers upon me no rights of ownership whatsoever. I release the College and its employees from liability for any claims by me or any third party in connection with my participation.

A parent or legal guardian must sign the release if the individual is a minor (under 18 years of age).

Name (Print Clearly)	*Signature*	*Student/Staff/Faculty/Visit*	*Under 18*

College Representative: _____

Print Name: _____ **Signature:** _____