



Adult Photo Release Form

I do hereby grant to Photographer, _____, and to his/her employees or assigns, permission to photograph and/or capture video of me and use such images in any manner consistent with the promotion of the University of South Florida and it's 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):

Date:

Witness:
