Information and Consent Form
For Educational and Instructional Purposes

______________________________          ___________________
Name (Please Print)                           Age

______________________________               __________________
Phone Number                                E-mail Address

______________________________               __________________
Hometown/Current City                       Height

Have you, do you currently, or do you plan to attend Seminole State? □ Yes  □ No

If Yes: ____________________   ____________________
Start Date                            Anticipated Graduation

Release and Consent
I hereby authorize Seminole State College of Florida, its Board of Trustees or employees to
photograph, record, tape, film, or electronically capture in permanent form my name, likeness,
image, voice, appearance and performance. I consent to and grant full permission to Seminole
State to the use of my name, likeness, image, voice, appearance and performance without
remuneration to me in whole or part, for educational and instructional purposes only (to include
advertising, promotion and public relations), in print, tape, audio, visual, open broadcast, cable,
closed-circuit exhibit, computer link, or any other format or media now known or hereinafter
devised worldwide in perpetuity.

I further acknowledge and grant full permission for Seminole State to alter, modify, edit,
reproduce, display, distribute, exhibit, combine with other materials and otherwise use at its
discretion any of the above-described materials.

I also release Seminole State from any and all claims that may arise out of the use of any image
or recording of any of the above-described materials, including, but not limited to invasion of
privacy, misappropriation of image or likeness, libel, slander, false rights, or any other cause of
action arising out of the taking, recording or use of any of the above-described materials.

______________________________               ___________________
Signature                           Date

______________________________
Signature of Parent or Legal Guardian
(Required if Subject is Under the Age of 18)