



Photo Release Form

In exchange for participation in the program, I grant the Florida Public Archaeology Network (acting for and on behalf of the University of West Florida Board of Trustees, a public body corporate) permission to use my likeness in a photograph or video in any and all publications, including website entries or social media posts, for whatever purpose, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the Florida Public Archaeology Network.

I am 18 years of age or older and am competent to contract in my own name. If I am younger than 18, my parent or guardian has provided consent below. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I waive any right to privacy I may have in the photos or videos under the Family Educational Rights and Privacy Act, and the European Union General Data Protection Regulation.

Signature/Date

Printed Name/Date Phone

Address

City State Zip Code

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

Parent or Guardian's Printed Name/Date