



## PHOTO AND VIDEO RELEASE

**Print Parent/Guardian Name:** \_\_\_\_\_

**Print Youth/Student Name:** \_\_\_\_\_

I, \_\_\_\_\_

**(print parent/guardian's full name),**

do hereby give CDC of Tampa, the irrevocable right to use my child's picture, portrait, photograph, or video in all forms and in all manners, without any restrictions to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive my right to inspect or approve the photograph(s), including written copy that may be created and appear in connection therewith. I agree that the photographer and/or videographer owns the copyright to these photographs, videos, or works derived there from, including but not limited to claims for either invasion of privacy or libel. I am of full age and competent to sign this release. I agree that this release shall be binding on me, my heirs, and assigns. I have read this release and am fully aware of any right/claims that I am waiving.

I am the parent/guardian of the minor named below and have the legal authority to execute the above release. I approved the forgoing and waive any rights in the premises.

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**Parent/Guardian Signature and Date**

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**Youth Signature and Date**