



MODEL RELEASE FORM

SUMMER SCHOLAR PROGRAM PARTICIPANT

STUDENT'S LEGAL NAME (as it appears on your passport or birth certificate)		
Last (family name)	First	Middle

I hereby authorize the University of Miami and the members of its staff to take such photographs, video, voice or television recordings and/or live television transmission of myself in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications, and to such persons as the said University of Miami or its staff may in its sole discretion consider to be of benefit to said University, educational profession, or the public at large.

I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used hereunder or the specific use to which it may be applied.

Date ___/___/___

Model's (Participant's) Last Name _____ First Name _____

Model's Address _____

Model's Signature _____

Guardian's Signature _____

Witness _____