



Photo/Video Release Form (minor)

I, (please print your name) _____, give the University of California, Santa Cruz, the absolute right and permission to use a photograph(s) and/or video(s) of my ☐ son ☐ daughter in its promotional materials and publicity efforts. I understand that the photograph(s) and/or video(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the University, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of subject _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email: _____



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