



PHOTO RELEASE

MINOR

I hereby give Palm Beach Atlantic University permission to take photographs of the minor named below or photographs in which the minor may be involved for the purpose of promoting Palm Beach Atlantic University.

I hereby release and discharge Palm Beach Atlantic University from any and all claims arising out of use of the photos.

I represent and warrant that I am the parent or legal guardian of the minor and am fully competent and authorized to execute this Photo Release. I have read this entire Release.

Signature: _____

Print Name: _____

Date: _____

Minor's Name _____

Photographer
Signature: _____