Photography Consent/Model Release Form

EUREKA! Summer Honors Research Program

I, _______________________________________________

Name (PLEASE PRINT)

Do hereby grant permission to the Clemson University EUREKA! Summer Honors Research Program and its employees or representatives, to take and use: photographs, videotape and/or digital images of me/my child for use in promotional or educational materials pertinent to the EUREKA! Summer Honors Research Program as follows:

• In printed publications or materials
• In electronic publications or presentations
• On the Clemson University website
• On Clemson, Honors or EUREKA! social media accounts

I agree that my/my child’s identity (circle one):

may be revealed

may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me/my child. All negatives, positives, prints, digital reproductions and videotape shall be the property of EUREKA! Summer Honors Research Program and Clemson University.

____________________________________________

Name (PLEASE PRINT)                        Date

___________________________
Signature                                      Date

___________________________
Street Address                                           City, State, Zip Code

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name)___________________________________________, am the parent or legal guardian of the participant who has signed above. I have read, and I understand the provisions of this document and I do hereby grant permission to the Clemson University EUREKA! Summer Honors Research Program and its employees or representatives, to take and use: photographs, videotape and/or digital images of my child for use in promotional or educational materials pertinent to the EUREKA! Summer Honors Research Program as described above.

____________________________________________
SIGNATURE OF PARENT OR LEGAL GUARDIAN                    Date Signed ________________________________

Signature witnessed by:

Witness ___________________________________________ Date Signed ________________________________