



## Artwork and Photographic Release Form

Use this form for all artwork and photographs to be released to Florida Reading Association (FRA). A parent/guardian signature is necessary if the individual is under 18 years of age.

I hereby grant the Florida Reading Association (FRA) and their respective licensees, successors and assigns, the right and permission, with respect to artwork and photographs created or taken by/of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such artwork and photographs in all editions of the Florida Reading Association (FRA) website, newsletter, bookmark, calendar, and note cards, in all media and in advertising, publicity, and promotion thereof.
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Florida Reading Association (FRA) and their respective heirs, legal representatives, licensees, successors and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right in inspect or approve the same.

\_\_\_\_\_  
(Signature of Creator/Subject of Artwork/Photograph)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Date)

I hereby certify that I am the Parent or Guardian of \_\_\_\_\_, a minor under 18 years of age, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Artwork and Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

\_\_\_\_\_  
(Signature of Parent or Guardian of the minor  
Creator/Subject of Artwork/Photograph)

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Date)