Arts4All Florida Media/Photo Release
Please check the appropriate section and complete the lower section

______ Parents/Guardians/Adult Artists

My signature on this document gives my consent to Arts4All Florida to photograph or videotape me/my child and to use such photos, voice or other likeness for future public awareness including print media, online news distribution, Arts4All Florida website, television and radio opportunities, video, promotional materials and other educational or exhibition purposes. I also acknowledge that my/my child’s work that is created through Arts4All Florida programs may be selected, displayed, used, or reproduced to benefit the ongoing statewide art programming of Arts4All Florida.

______ Teaching Artists

My signature on this document gives my consent to Arts4All Florida to use my application and biographical information as well as any images of my art and/or photographs in any publications or press releases that originate from the Arts4All Florida office.

Student or Adult Artist Name: PLEASE PRINT -
___________________________________________________________  
___________________________________________________________

County

School or Program Site

Teacher

Parent/Guardian signature (if necessary)

Address

Email  Phone

Please return this form to your teacher who will submit it to Arts4All Florida or mail to:

Dee Miller, Director of Education
Arts4All Florida
4202 E. Fowler Avenue, EDU105, Tampa, FL  33620
Email: deemiller@usf.edu
Phone:  813.974.0745  Fax:  813.905.9878