



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