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**Photo / Video Consent and Release Form**

I hereby give permission to:

Florida Vocational Institute

Located at 7757 West Flagler St, Suite 220 Miami, FL 33144

Phone: 305-665-1911

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Florida Vocational Institute, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities, including the internet. This consent includes, but it is not limited to:

1. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/ or record my voice:
2. Permission to use my name; and
3. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/ or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/ or in mailings for educational and awareness.
4. I will make no monetary or other claim, including any and all claims for libel, for the use of the interview, and/ or the photograph(s)/ video(s)/recording of my voice.

This consent is given in perpetuity, and does not require prior approval by me.

Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date School Representative Signature

NOTE: This photo / video consent and release form has been explained and interpreted to the student in Spanish.

NOTA: Este consentimiento de foto/video y forma de divulgación se le tradujo y se explicó oralmente al estudiante en Español.