



**Photo, video, and interview release form (minor)**

I, (please print your name) \_\_\_\_\_, give the University of California, Santa Cruz, the absolute right and permission to use a photograph(s), video(s), and/or interview(s) of my child in its promotional materials and publicity efforts. I understand that the photograph(s), video(s), and/or interview(s) may be used in a publication, print ad, direct-mail piece, digital media, or other form of promotion. I release the University, the photographer, videographer, and/or writer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of subject \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_



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