



world diabetes day

14 November

**8th Annual University of Florida Pediatric Endocrinology  
World Diabetes Day "BLUE CIRCLE" Photo Contest**

**Photography/Video Consent and Release Form**

Name of subject (print): \_\_\_\_\_

1. I hereby authorize and grant permission to the University of Florida Division of Pediatric Endocrinology, UF Diabetes Research Program, & UF Diabetes Center of Excellence and its officers, employees, agents, and personnel acting on its behalf ("Releasees") to take photographs and/or videotapes of me or my child and to use such photographs and/or videotapes in any form of publication, present or future, including without limitation, print, electronic, and Internet form, with or without associating me or my child's name hereto.

2. I hereby grant the Releasees the non-exclusive use of, and rights associated with the use of the photographic likeness and caption, provided by me or my child in promotional publications, and other media, regardless of format, without compensation, and without prior approval or viewing of the finished product. I hereby grant Releasees permission to edit, crop, retouch or otherwise alter such photographs and/or videotape at their discretion.

3. I hereby release and hold harmless Releasees from any and all claims for damages I may have (including, without limitation, claims for compensation, royalties, invasion of privacy, misappropriation, or defamation) arising out of the use, production, distribution, publication or exhibition of the photographs and/or videotapes and covenant not to sue Releasees for such use or publication.

4. This consent is freely and voluntarily given.

**I have read and understand this Photography/Video Consent and Release Form  
Consent and agree to be bound by it.**

\_\_\_\_\_  
Signature of subject (if subject over 18)

\_\_\_\_\_  
Signature of parent/guardian (if subject under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian (if subject under 18)

\_\_\_\_\_  
Date