

**PHOTO RELEASE**

I hereby consent to and authorize the use of reproduction of any and photographs taken of me.

Purpose of photograph(s): Web and Print Media Designs and Publications

Brief description (hair color, clothing worn, etc.) \_\_\_\_\_  
\_\_\_\_\_

I certify that I am 18 years of age or older.

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

SF CIED: 352-395-5896, 530 W. University Ave., Gainesville, FL 32601

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