



Prairie View A&M University

Name of Program: _____

Program Date(s): _____

PHOTO & VIDEO RELEASE

I, _____, as the parent and/or guardian of _____, authorize Prairie View A&M University to photograph or video my son/daughter and to use the photographs or videos for educational or promotional purposes in any media format chosen. I understand that photographs or videos may not be used for profit without my express permission. I acknowledge that I will not be paid or rewarded for providing this authorization.

Printed Name of Minor

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date