



CLEMSON CREATIVE INQUIRY

Photography Consent/Model Release Form for Minor Children (under 18)

I, _____, parent or
(print parent or guardian name)
official guardian of _____
(child's name)

Do hereby grant permission to Clemson University and its employees or representatives, to take and use: photographs, video, audio, and/or digital images of **my child** for use in promotional or educational materials pertinent to Clemson programs as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Clemson University (and affiliated) websites (www.clemson.edu) and/or social media accounts

I agree that my child's identity (*select one*): _____ may be revealed
_____ may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, audio and video shall be the property of Clemson University.

Name of parent/ legal guardian (PLEASE PRINT)

Signature of parent/ legal guardian

Date

Mailing Address

City, State, Zip

Email Address

Phone number

*If you have questions, please communicate with Cora Allard-Keese:
callara@clemson.edu ; 864.656.0721*