

FLORIDA ACADEMY OF MEDICAL AESTHETICS

- F.A.M.A. -

Pembroke Pines, Florida

NOTICE OF PHOTOGRAPHY AND VIDEOGRAPHY AND CONSENT FORM

While a student or employee at Florida Academy of Medical Aesthetics (FAMA), I may participate in events, activities or other situations at any of their campuses or hosted events where school representatives take photographs or video recordings of my participation ("Events"). I understand that by signing this form, I am giving my permission to the school to take and use photographs, video and/or audio ("Recordings") and use the Recordings subject to the terms and conditions below:

1. I hereby give FAMA permission (a) to take photographs of me and/or to record my name, title, voice, image, and likeness in connection with my participation in School Events; and (b) to use my name, title, voice, image, and likeness in connection with the Recordings for the purposes set forth in paragraph 2.
2. In connection with my grant of permission pursuant to paragraph 1 above, I understand that the school may use the Recordings for the purpose of the School's education, marketing, alumni, and fundraising activities in any media to include: magazines, newspapers, trade journals, annual reports, booklets, pamphlets, newsletters, advertisements, and other promotional materials; classroom and online course materials; the School Website and its related social media sites.
3. The School has no obligation to pay me a fee or royalty regarding use the Recordings consistent with paragraph 2 above.
4. I understand the School shall own the Recordings and may edit, duplicate, and distribute the Recordings in perpetuity consistent with paragraph 2 above.

I intend to be legally bound by this Permission.

Student Name: _____

Student Signature: _____

Date: _____

My parent/guardian is also signing because I am younger than 18 years of age.

Parent Signature: _____