



## Photo / Video Guardian Release Form

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

I, the undersigned, not being of full and legal age, hereby irrevocably release and authorize my high school/AzCAC/College Goal Arizona/Arizona Commission of Postsecondary Education and their representatives, successors, or assigns, to use, publish, and otherwise distribute my name and photographs posed by me for any and all purposes, including advertising, publication, and other purposes of trade, without limitation. No other oral or written representation has been made to me.

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Child's Signature

### GUARDIAN'S CONSENT

I am the parent or guardian of the minor named above and have the legal authority to execute the above consent and release. I approve the foregoing and waive any rights in the premises.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip