



## VSA Florida Media/Photo Release

Please check the appropriate section and complete the lower section

### \_\_\_\_\_ Parents/Guardians/Adult Artists

My signature on this document gives my consent to VSA Florida to photograph or videotape me/my child and to use such photos, voice or other likeness for future public awareness including print media, online news distribution, VSA Florida website, television and radio opportunities, video, promotional materials and other educational or exhibition purposes. I also acknowledge that my/my child's work that is created through VSA Florida programs may be selected, displayed, used, or reproduced to benefit the ongoing statewide art programming of VSA Florida.

### \_\_\_\_\_ Teaching Artists

My signature on this document gives my consent to VSA Florida to use my application and biographical information as well as any images of my art and/or photographs in any publications or press releases that originate from the VSA Florida office.

### **Student or Adult Artist Name: PLEASE PRINT -**

\_\_\_\_\_

County \_\_\_\_\_

School or Program Site \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian signature (if necessary) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to your teacher who will submit it to VSA Florida or mail to:

Dee Miller, Director of Education  
VSA Florida  
4202 E. Fowler Avenue, EDU105, Tampa, FL 33620  
Email: [deemiller@usf.edu](mailto:deemiller@usf.edu)  
Phone: 813.974.0745 Fax: 813.905.9878