

Department of Musicand Theatre

Summer Music Camps

2024 PHOTO RELEASE

I hereby give permission to the University of Arkansas - Fort Smith to use my name and any photograph or video footage in which I may appear for marketing purposes.

I understand that, should I wish to NOT have my name and/or image used to represent the University, I shall submit a request in writing to the Office of University Marketing and Communications.

Summer Camp Participant's Name (printed)

Summer Camp Participant's Signature

Parent/Guardian's Name (printed) (if Participant is under the age of 18) Parent/Guardian's Signature (if Participant is under the age of 18)

Date