



## CONSENT FORM

I hereby give my consent to the BROWARD STEM FAMILY EXPO to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children.

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(Please print name)

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(Please print child's name)

I agree that photographs/negatives, film, or videotapes thereof shall constitute the sole property of the BROWARD STEM FAMILY EXPO with full right of disposition in any manner.

I hereby release the BROWARD STEM FAMILY EXPO and his/her legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

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Signature

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Date

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Signature for minor child

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Address

Phone