BRIGHT FUTURES STUDENTS

Share Your Story

Are you a current or past recipient of the Florida Bright Futures Scholarship? To be included in the Florida Lottery Bright Futures Spotlight, please share your story. We would love to hear from you!

Name:			Hometo	wn:				
Today's Date:	University:				Class of:			
Major:		Currently we	orking as	:				
Email:		Phone:						
Mailing Address:								
Accomplishments in college or	career:	Fun	facts abo	out you:				
Please write a few words on how receiving the Florida Bright Futures Scholarship made a difference to you, your family, your career, etc. Share something that sets you apart from other scholarship recipients and industry professionals.								
Please check one of the following: — Florida Academic Scholars Award Award	d 🗌 Florida Me	dallion Scholar	rs Award	☐ Florida G	Sold Seal Vocational Scholars			
Please send your story, a high resolution photograph, and signed release form to mybrightfuturesstory@flalottery.com. *Flip page to see the release form.								



With the Florida Lottery's contributions to the Bright Futures Scholarship, Lauryn was able to attend Florida State University at age 16 and graduate with a degree in Interdisciplinary Medical Sciences.

- Lauryn Brown Health Care and Medicine, FSU













STATE OF FLORIDA DEPARTMENT OF THE LOTTERY

I hereby authorize and give permission to the Florida Lottery (the "Lottery") to: (i) use any of my statements, provided for the "Share Your Story!" section (collectively the "Representations") (ii) take and/or create photographs, videotapes, voice recordings or other works fixed in any tangible medium of expression of my likeness (collectively the "Works"), and (iii) to use my name as given below, and (iv) for the Lottery, and other parties authorized by the Lottery, to use the Representations, the Works and my name, within the Lottery's sole discretion, in connection with the advertising, promotion and marketing of the Lottery, and for any other purposes pertaining to the Lottery, throughout the world. Such uses may be in any and all media including, but not limited to, television, radio, Internet, and print. The Representations and the Works are collectively referred to as the "Intellectual Property."

I understand and acknowledge that the Lottery is under no obligation to use the Intellectual Property and that, if it does so, I will not receive any compensation in connection with the Lottery's use thereof. I understand and agree that the Lottery, in its sole discretion, is authorized to use an assumed or fictitious name and voice-over in connection with the Intellectual Property, and to make other alterations to the character or form of the Intellectual Property as deemed suitable for the Lottery's purposes.

I understand and acknowledge that the Lottery is the owner of all right, title and interest in and to the Intellectual Property, all materials incorporating the Intellectual Property, and the copyright in the Intellectual Property and such materials, including any material objects embodying the Intellectual Property, pursuant to the copyright laws set forth in 17 U.S.C. §101 et seq. I hereby expressly and knowingly irrevocably relinquish, waive and release any and all rights I may have in and to the Intellectual Property, throughout the world. Any and all copies of the Intellectual Property that the Lottery may provide to me shall be solely for my personal, non-commercial use, and shall not be reproduced, distributed, publicly displayed or the subject of any derivative works.

I agree not to take any action that has the purpose or effect of interfering with, objecting to, or limiting the Lottery's use and enjoyment of the Intellectual Property. I agree to hold the Lottery, its officers, employees, and agents harmless against any claims, demands, actions, costs, and expenses (including attorney's fees) which I have or may have arising out of the use of the Intellectual Property by or on behalf of the Lottery.

I hereby represent and warrant that I am at least 18 years of age; that I am legally authorized to execute this Release and Authorization, and that I fully and completely understand it.

You further acknowledge that the information you provide may be subject to disclosure under Chapter 119, Florida Statutes and other applicable laws.

Signature:			
Printed or typed Name:			
Date:			

Rev. 05/21