

# Model Release Form

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I hereby release, discharge, and hold harmless the University and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

## If the individual named above is under 18

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

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