



Shoot Date: _____

Shoot Location: _____

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Name: _____

Address: _____

Primary Phone: _____ - _____ - _____ Email: _____

Signature: _____ Date: _____

If the person named above is a minor, a parent or legal guardian must complete the following:

I warrant that I am the legal guardian of the minor being photographed or recorded or whose name, image, likeness or voice will appear in photograph(s) or other media as designated by the University and agree to the above.

Parent/Guardian Name: _____

Address: _____

Primary Phone: _____ - _____ - _____ Email: _____

Parent/Guardian Signature: _____ Date: _____