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I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization.

This Authorization is applicable to all sessions capturing My Likeness during the following period of time (not to exceed six months): _____ (date) through _____ (date) for the following University-related endeavor: _____ (description of course or event that will take place over the specified timeframe). This does not restrict the time period in which the University may use My Likeness.

I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature	Date / Age (if minor)
Printed or typed name	Phone
Address	City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.
I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signature	Date
Printed or Typed Name	Phone
Address	City/State/Zip