



Visual / Audio Image Release Form

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Printed Name of subject:

Signature of subject:

Printed Name of Parent/Guardian if under 18 years of age:

Signature of Parent/Guardian if under 18 years of age:

TODAYS DATE:

Telephone or e-mail address:

Address (optional):

Major:

Year in School:

Project name: Mi Futuro Mental Health and Primary Healthcare Career Youth Symposium

Photographer's name and contact information:

This form should be retained in the office coordinating the project as listed above.

12.1.2018/mp