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| **Department:** | **Location/Date of the Activity:** |
| **Description of the Activity:** | |
| **Describe the possible uses for which the Department may use the Images:** | |

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I have read and understand the terms and conditions of this Authorization and agree to such terms and conditions.

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| Signature | Date | Phone |
| Printed Name | Address | City/State/Zip |

**Please check if applicable: \_\_\_\_\_ I am eighteen (18) years of age or older.**

**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.

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| --- | --- | --- |
| Signature | Date | Phone |
| Printed Name | Address | City/State/Zip |