



I have agreed that my minor child may be photographed, audio or video-taped by the University of North Carolina Wilmington. With my signature, I agree that photographic/video image(s) and information that correspond with the photographic/video image(s) may be disseminated for any public release usage by the University of North Carolina at Wilmington

Minor Child's Name _____ printed

Parent or Guardian's Name _____ printed

Parent or Guardian's Signature _____

DATE: ____/____/20____



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