



Visual/Audio Image Release Form for Youth

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RELEASOR IS UNDER 18 YEARS OF AGE:

I am the parent or legal guardian of the youth Releasor. I have read this release before signing' I understand the legal consequences of its contents, meaning, and impact' and I freely accept the terms on behalf of the youth Releasor and agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Youth Releasor's Name (Printed)

Name of Youth Releasor's Parent/Guardian (Printed)

Date

Signature of Youth Releasor's Parent/Guardian

Telephone

Email Address



CAL POLY

Project Name

(Photographer Name/ Contact Information/ Location/ Date/ Notes/ Photo Captions)

Department Name

First and Last Name

Title