



CAL POLY

Visual/Audio Image Release Form (Under 18 Years of Age)

I am the parent or legal guardian of the minor 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 minor 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.

MINOR RELEASOR'S NAME (PLEASE PRINT)

DATE

NAME OF MINOR RELEASOR'S PARENT/GUARDIAN (PLEASE PRINT)

SIGNATURE

EMAIL ADDRESS/TELEPHONE

ADDRESS (OPTIONAL)

MINOR RELEASOR'S NAME (PLEASE PRINT)

DATE

NAME OF MINOR RELEASOR'S PARENT/GUARDIAN (PLEASE PRINT)

SIGNATURE

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