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RELEASE FORM

Name: _____

(please print)

I grant Central Michigan University permission to use my photo, video, name and/or comments about its programs for educational or public relations purposes. I understand they may be used to promote CMU's programs. Promotion may include, but is not limited to, such things as print and internet advertising, social media, radio and television.

I find these terms acceptable and hereby grant release of my name and comments as specified above.

Signature

Date

If subject is under the age of 18, parent or guardian signature is required.

Parent/guardian signature

Parent or guardian of _____