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Name (please print)

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving the University of California's mission of research, education, and public service, and for promoting the public good.

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I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby certify that I am over 18 years of age: \_\_\_\_\_  
Initials

**For subjects under 18 years of age:** I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

I have read and received a copy of this release: \_\_\_\_\_  
Minor's Initials

**Witnessed By:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_