

AUTHORIZATION FOR USE OF IMAGE, VOICE AND LIKENESS

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Department:	Location/Date of the Activity:
Description of the Activity:	
Describe the possible uses for which the Department may use the Images:	

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I have read and understand the terms and conditions of this Authorization and agree to such terms and conditions.

Signature	Date	Phone
Printed Name	Address	City/State/Zip

Please check if applicable: ☐ I am eighteen (18) years of age or older.

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Signature	Date	Phone
Printed Name	Address	City/State/Zip