

**Missouri State University**  
**Photographic Services**

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**Please indicate your agreement to the foregoing by signing below.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address, Telephone \_\_\_\_\_

Date \_\_\_\_\_

**If you are under eighteen (18) years of age, your parent or guardian must sign below:**

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity University has my consent and authorization to use the name, voice and/or likeness as described above.

**Parent/Guardian:**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_