

STUDENT'S NAME _____

SCHOOL _____

PROGRAM: College Application Week

ACTIVITY: School Programs

MEDIA RELEASE

I recognize and acknowledge that OREGON GEAR UP/OREGON STATE UNIVERSITY may record my child's participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form. I authorize such recording and release UNIVERSITY to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. No signature below represents my choice to opt out of this media release.

DATE _____ **PARENT/GUARDIAN SIGNATURE** _____



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