



Photograph/Image Consent Form

(SHORT FORM)

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First and Last Name (Print)

Signature (if 18 years or older)

Date

First and Last Name of Parent/Guardian (if subject under age 18)

Date

Signature of Parent/Guardian

Date

I hereby grant permission to Ryerson University to use my name with these images and recordings.

Signature (signature is of Parent/Guardian if subject under 18)

Date

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