Stockton University

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**Name of Participant (Student or chaperone)** do herby **(circle one:** **grant or decline)** Stockton University and those acting pursuant to their authority:

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* to exhibit, reproduce and distribute such recording(s), to make transcripts and distribute the text of my remarks for any purpose which Stockton University deems appropriate, including, without limitation, distribution to educational institutions, public television and cable access (educational access), internet, social media, libraries and museums.

For presenters: I shall provide Stockton University with all necessary data on copyrighted and copyrightable photographs and/or other materials that I incorporate into my participation or appearance. I personally warrant such materials to be:

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3. released by the owner to me personally for use without limitation.

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Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Chaperone of event and/or students 18 yrs+ only)  
  
**Signing on behalf of a minor:**Printed Name of Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature of Parent or Legal Guardian:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone (Parents/Guardians): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Email (Parents/Guardians): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPS 10.11

Jan 2021