

## PARENT/GUARDIAN VIDEO/PHOTO RELEASE

l, (parent/guardian name)	I hereby grant the Board of Regents of t	the Nevada System of Higher Education on
behalf of the University of Nevada, Reno (hereinafter "the University") permission to interview me ar	nd/or (name of minor)	to use in perpetuity my likeness and voice
in photograph(s) and recordings—audio, visual, and both—in any and all of its publications, in any	y and all other media, current or future, controlled by the Univ	versity, and for any other use by the University. I
acknowledge the University's right to edit, crop, or treat the photographs and/or recordings at its dis	cretion. I will make no monetary or other claim against the U	niversity for the use of the interview or my likeness
or voice. I hereby release the University from any and all claims for any damages or other relief whats	oever related to the University's use of my interview, my liker	ness or voice.

NAME	
SIGNATURE	_ DATE
E-MAIL	

UNIVERSITY PROJECT:



University of Nevada, Reno

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