



I have agreed that my minor child may be photographed, audio or videotaped by the University of North Carolina Wilmington. With my signature, I agree that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the University of North Carolina at Wilmington

Minor Child's Name _____ printed

Parent or Guardian's Name _____ printed

Parent or Guardian's Signature _____

DATE: ____/____/20____



I DO NOT AGREE that my minor child may be photographed, audio or videotaped by the University of North Carolina Wilmington. With my signature, **I DO NOT AGREE** that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the University of North Carolina at Wilmington

Minor Child's Name _____ printed

Parent or Guardian's Name _____ printed

Parent or Guardian's Signature _____

DATE: ____/____/20____