

Parent/guardian: please initial by the statements that apply for your child.

\_\_\_\_\_ I give permission for photographs of my child to be used without compensation by Wayne State University for Web pages, advertising and/or promotional purposes.

\_\_\_\_\_ I give permission for my child's art and/or essay project to be used by Wayne State University and am willing to release this into the public domain. I understand that no monetary compensation will be given for the use of the materials.

By signing below, I am expressly releasing Wayne State University, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Child's Full Name

Address

Parent/Guardian's Full Name

City, State, Zip Code

Parent/Guardian's Signature

E-mail (if available)

Date