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I authorize Lincoln University to record and photograph my image and/or voice, or that of my child, for use by Lincoln University or its assignees in research, educational, and promotional programs.

I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees in perpetuity.

Subject's n	ame (adult or youth)	
Signature _		Date
Į.	f subject is a minor, the signature must be of par	ent or guardian
Printed Na	me	Date
	Needed only if the subject is a minor.	

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