



TULANE UNIVERSITY ATHLETICS CAMPS

Photographs and Video Consent and Waiver

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Participant Name)
("my child"), and hereby grant permission to Tulane University, and its employees or representatives
("Tulane") to take and use photographs, videotape and/or digital images of my child for use in
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or materials.

I have read this document before signing below, and I fully understand the contents, meaning
and impact of it. This consent and waiver is binding on me, my heirs, executors, administrators
and assigns.

Signature of Parent/Guardian

Date: _____