

Department of Criminal Justice University of Louisville (502) 852-6561 Fax: (502) 852-0335

Signature

University of Louisville Photo Release Form

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I understand and agree that these materials will become the property of the University of Louisville and will not be returned.

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I hereby hold harmless and release and forever discharge the Southern Police Institute, University of Louisville, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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City:	State:	Zip code:	
(Signature)		(Date)	
(Printed Name)		(Date)	
(Printed Name) If the person signing is un	der age 21, there must be consent	(Date) by a parent or guardian, as follows:	
(Printed Name) If the person signing is un I hereby certify that I am t	der age 21, there must be consent	(Date) by a parent or guardian, as follows:, named above, an	nd do hereby give
(Printed Name) If the person signing is un I hereby certify that I am t	der age 21, there must be consent he parent or guardian of ration to the foregoing on behalf of	(Date) by a parent or guardian, as follows:, named above, an	nd do hereby give
(Printed Name) If the person signing is un I hereby certify that I am t my consent without reserv	der age 21, there must be consent he parent or guardian of ration to the foregoing on behalf of ure)	(Date) by a parent or guardian, as follows:, named above, as this person.	nd do hereby give