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**Publicity Release**

I do hereby give my express permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), to be photographed, video-taped, and/or audio-taped during the Summer Camps at Methodist University. I further give permission for such photographs, videotapes and audio tapes to be used in print or broadcast media as deemed appropriate for promotion of the Methodist University Summer Camps and for publicity surrounding the camps.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

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Home Address

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City, State, Zip

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School Name Hometown Newspaper

Address, City, State, Zip