

## Consent to Use of Image

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| Any questions about the videotaping, photographing and audiotaping should be directed to:  Name of coordinating UBC unit: (please print) |                                     |
|--|-------------------------------------|
|  |                                     |
| Name (please print)  | Signature                           |
| Email address (please print)   | Name of photographer (please print) |
| Name of parent or guardian (please print) (if under 19 years of age)   | Signature of parent or guardian     |

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