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K-STATE MEDIA RELATIONS CONSENT

I _____ (print name), do hereby give my consent to the reproduction of my image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of my image will be primarily for the promotion of academic and service programs available through Kansas State University or its agents or associates.

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Name of Parent or Guardian (if applicable). Please print.

Signature of Parent or Guardian.