a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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I am 19 years of age or older and am competent to sign this contract in my own name. I have read and understood this form prior to signing it, and am aware that by signing this consent I am giving permission to UBC to use my Image for the Purposes.

_____	_____
Shoot date	Shoot location
_____	_____
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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