



## CHILD/WARD RELEASE FORM

In recognition of my child/ward's participation in programs, events and activities in conjunction with Princeton University, I hereby grant The Trustees of Princeton University permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes. I also grant permission for my child/ward to be interviewed, photographed, videotaped or otherwise recorded by media unaffiliated with the University that may cover these programs, events and activities. I certify that I am the parent or guardian authorized to sign this release on behalf of my child/ward.

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Name of Child/Ward

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Address

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Phone Number

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Date

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Event/Program (if applicable)