NORTH CAROLINA CENTRAL UNIVERSITY PHOTOGRAPHIC AND VIDEO CONSENT AND RELEASE FORM

I,			
		I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW, AND I UNDERSTAND AND AGREE TO ITS TERMS.	
		SIGNATURE	WITNESS
		ADDRESS LINE 1	DATE
ADDRESS LINE 2	PARENT'S OR GUARDIAN'S SIGNATURE IF INDIVIDUAL IS UNDER AGE 18		
PHONE NUMBER	PARENT'S/GUARDIAN'S SIGNATURE		
EMAIL ADDRESS	DATE		
DATE			