I, ________________________________, hereby agree to allow acquisition, creation, reproduction and publication of my photograph, video images of me or other likenesses of me, audio recordings of me and information about me (hereinafter collectively "my information") and hereby authorize the College of Saint Benedict and Saint John's University and its students, faculty and staff who are acting on its behalf (hereinafter collectively "CSB/SJU") to use my information for publication purposes including, but not limited to: assigned coursework, journalism, research, marketing, and promotion of CSB/SJU and its various programs.

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I release CSB/SJU from any and all liability related to dissemination of my information.
I specifically allow release of my information that is subject to the Minnesota Government Data Practices Act, Minnesota Statute Chapter 13, and any other statute, rule or regulation.

I have read this document and understand its contents.

_______________________________________________________
Signature of Subject                                      Date

_______________________________________________________
Email Address                                             Phone Number

_______________________________________________________
Signature of Subject’s Parent/Guardian (if under 18)      Date

_______________________________________________________
Email Address                                             Phone Number

_______________________________________________________
Signature of CSB/SJU Representative                        Date

Notes: 