



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 certify that I am the parent or guardian authorized to sign this release on behalf of my child/ward.

Name of Child/Ward

Name of Parent/Guardian

Signature of Parent/Guardian

Address

Phone Number