

Media Release Form

Kansas State University
College of Health and Human Sciences

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I hereby release K-State from any claim by me for damage to my person, property or reputation, or for invasion of privacy.

I affirm that to the best of my knowledge all material furnished and used by me in this activity is my own original material which I have full authority to use for such purposes. I further affirm that K-State is the owner of all rights in and to said activity and that no monetary consideration is due me.

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Signature

Printed Name in Full

City

State

Phone

Email

If under 18 years of age, printed name of parent or guardian

Signature of Parent or Guardian