



Institutional Marketing

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MODEL RELEASE

I, _____ (_____), or
Print full name *Age **

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Sign full name

Parent or Guardian

Street or box number

* If under the age of 18, signature of a parent or legal guardian is required to participate.

City, state, zip code

Phone

Date

Sovereign Immunity. The University of Wyoming does not waive its sovereign immunity or its governmental immunity and fully retains all immunities and defenses provided by law.

Status: freshman ____; sophomore ____; junior ____; senior ____; graduate ____; law ____;
doctoral ____; faculty ____; staff ____; administration ____; student family ____;
other _____.

Area(s) of Study: _____.

Home Town: _____.

E-mail address: _____