We must have an original hard copy of your signature.
Please deliver both pages to the UTRA Office, University Hall 201
___ PERMISSION AUTHORIZED. I hereby give permission to Brown University to take photographs and/or video of me and to use the images and identifying information about me and my Project (for example my name and Project title) in whatever way Brown University shall choose. By this authorization I agree that I shall not receive any fee and that all rights, title, and interest of the images and use of them belong to Brown University.

___ PERMISSION DENIED. I hereby deny permission to Brown University to release photographs and/or video of me in connection with my participation in the Program.

Further, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release, waiver and authorization. This release, waiver and authorization has been executed on behalf of myself, my heirs and assigns, and has been made with full knowledge of possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the state of Rhode Island.

________________________
Witness

OGC: 8/130/RW
UTRA/National
10.03.09