



Minnesota Indigenous Business Alliance Photograph & Video Release Policy

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Only my first name will be identified in any photographic, audio or video recordings that may be used for the following purposes:

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- Testimonials and attribute comments by first name only
- Conference presentations
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By signing this form, I acknowledge that I have completely read and fully understand the above-release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

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Full name:			
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Signature:			Date:
<i>If this release is obtained from a youth under the age of 18 years, then the signature of that parent or legal guardian is also required.</i>			
Parent Signature:			Date:
Decline to participate			
<i>I decline to participate and ask that my image and voice are not reproduced in any manner.</i>			
Full Name:			
Signature:			Date: