



Duke Splash Fall 2018 Photo Release Form

I, _____, DO / DO NOT (circle one) authorize Duke Splash
(print your name)

to permit its representatives and/or the news Media to take photographs or videos of

_____ during the Splash Educational Outreach program
(print name of Splash Participant)

on Sunday, November 4th, 2018, and authorize Duke Splash to publish the same photographs or videos with their affiliate organizations, on their website, for their annual report, and in other materials. I understand that these photographs or videos may be distributed in a print format, over the Internet, or through other media outlets, in an educational or historical manner.

Signature of parent/guardian (if participant is under 18)

Date