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	CONFERENCE
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Address of Student	Address of Parent or Guardian
Telephone Number of Student	Telephone Number of Parent or Guardian
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I hereby grant to the University of Alberta, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive rights to photograph my child and make combined audiovisual recordings of my child and their voice. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity.	
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Date



Signature of Guardian

(If Participant is Under 18 Years of Age)