

## Media Release Form



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I am voluntarily making this grant of rights. I further agree to release and forever discharge MIT, its agents, employees and designated representatives from any and all claims in law or equity that I, my heirs or personal representatives have or shall have arising out of Recordings.

This release is governed in accordance with the laws of the Commonwealth of Massachusetts.

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Name(s) Email

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Street City State Country

### MIT affiliation

Undergraduate  graduate  faculty  staff  postdoc  researcher  other \_\_\_\_\_

\_\_\_\_\_ Course and graduation year (if you are a student)

\_\_\_\_\_ Title (if you are a faculty member, staff, researcher, postdoc, etc.)

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Signature Date

### Consent

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.

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Parent/Guardian Signature (if under 18)