

DEPARTMENT OF ARCHAEOLOGY

Photography and Video Consent Form

Name: _____

Email: _____ Phone: _____

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Event: **2024 Annual Photo Contest: SFU Department of Archaeology**

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I am of full legal age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Signed at: _____

Signature _____ Date: _____