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I agree to hold North Island College and its employees, agents and assigns, harmless against any possible liability resulting from the use of photographs of me and my child, and I hereby release and discharge North Island College and its employees, agents or assigns from any claims whatsoever in connection with the use of such photographs, video, voice and text.

I am signing this release freely and voluntarily and in executing this release do not rely on any inducements, promises, or representations made by North Island College or its employees, agents and assigns.

***PLEASE PRINT CLEARLY***

Student Name: \_\_\_\_\_  
Program/Area of Study/Event \_\_\_\_\_  
NIC Campus/Centre: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Return this form by email, fax or mail to:

**Marketing Department**  
North Island College  
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T: 250-334-5263 F: 250-334-5292  
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