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**NOBIDAN MIG Photography/Videography Release**

By my signature below, I authorize and permit the Academy of Nutrition and Dietetics and its group, the NOBIDAN MIG, to take, obtain and use photos and videos of myself or my child/guardianship with the following understanding:

1. There will be no compensation to the person being photographed or videoed.
2. The photos or videos may be used in print, online on the internet, or in educational presentations.
3. The images will not be sold or offered for sale.

By signing below I warrant that I am of legal age to sign a contract in my own name or that I am the authorized parent or guardian of the minor under age 18 and that I have read or had read to me this release form and understand and agree to it.

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| Date | Printed Name | Signature if Over 18 | Parent/Guardian  Printed Name if Under 18 | Parent/Guardian Signature if Under 18 |
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If person being photographed/videoed is unable to sign a full signature due to illiteracy or disability, then an X-mark signature may be written above and witnessed here:

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| Date | Witness Printed Name | Signature |
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If translation assistance was required, translator attests to the best of their ability translating the release wording in the native language of the person being photographed/videoed.

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| Date | Translator Printed Name | Signature |
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Thank you for your permission.