



**FLATHEAD LAKE  
BIO STATION**  
UNIVERSITY OF MONTANA



### Photo and Video Release Form

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I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I have read and understand the terms of this release.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian if under age 18)

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