

Appendix F: Publications Release



DO-IT Publications Release University of Washington

I, _____
First and Last Name of Participant

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I hereby waive any right to inspect or approve the finished publication or the eventual use for which it might be applied.

Signature of Participant

Date

For participants under 18 years of age, please have a parent/guardian complete the following:

•••• Parent/Guardian Permission Statement ••••

I hereby certify that I am the parent or guardian of

Name of Participant

I agree to the statements above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date