



LEECH LAKE TRIBAL COLLEGE Gaa-zagaskwaajimekaag Gabe-gikendaasowigamig

Multimedia Participant Tgxgtucn"qh"CONSENT"FORM

Eq o rnyg"vjku"hqt o "cpf"wwtp"kpqv"vjg"Uvwfgpv"Ugtxkegu"qt"O wnvk o gfk"Qhhkeg"kh" {qw"ctg"tgxgtupi" {qwt" eqpugv"vq"cr r gct"kp"xctkqu"NNVE" o wnvk o gfk"rwdnkecvkqpu0" [QW" Fq" Pqv" i tcpv" rgt o kuukqp"qt consent for the Leech Lake Tribal College and its successors and assignees the right to record, use, reproduce, livestream, and distribute my voice, image, name, writings, photos, videos, and art work in multimedia productions for educational, publication, or marketing purposes at Leech Lake Tribal College. "Vjg"hqt o " o wuv"dg"ceeq o rcpkgf"d{ "c"ewttgvp"r j qvq"qh"vjg"uvwfgpv"cpf" o wuv"dg"tgpgygf" gcej" {gct"kp"qt fgt"vq"dg"xcnkf" *vjku"hqt o "ku"ghhgevkxg"hqt"ppg" {gct"Lwn{"3uv/Lwpg"52vj+0"

Rngcug"dg"cfxkugf"vjcv<

30"K o c i gu"cpf"xkfgqu"vcmgp"kp"rwdnke"urcegu"cpflqt"cv"rwdnke"gxgpvu"fq"pqv"tgswktg"cwvj qtk|cvkqp"hqt" rwdnkecvkqp0

40"Kv"ku" {qwt"tgu rqpukdknkv{ "vq"pqvkh{ "rgtuqppgn" {qw"jcxg"jcxg"uk i pgf"vjg"O wnvk o gfk"Rctvkekr cpv" Tgxgtucn"qh"Eqpugv"Hqt o 0

I state that I am at least 18 years of age and am competent to contract in my name. A parent or guardian must sign for all participants under the age of 18.

I have read and understand this **Multimedia Participant Tgxgtucn"qh"CONSENT FORM** and acknowledge that it is firm and final and that Leech Lake Tribal College may proceed in reliance thereon.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ LLTC: Student Faculty Staff Alumni Other

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

FOR PARTICIPANTS UNDER 18 YEARS OLD

PARENT/GUARDIAN'S SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

PLEASE RETURN THIS FORM ALONG WITH A CURRENT PHOTO TO
Leech Lake Tribal College, PO Box 180 6945 Little Wolf Road, Cass Lake, MN 56633
Phone: (218) 355-4200 e-mail: info@lltc.edu www.lltc.edu