

# License and Release Form



Massachusetts  
Institute of  
Technology



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This license and release is governed in accordance with the laws of the Commonwealth of Massachusetts.

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Name(s)

Email

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Street

City

Country

MIT affiliate

Undergraduate ☐ graduate ☐ faculty ☐ postdoc ☐ researcher ☐ other \_\_\_\_\_

\_\_\_\_\_ Course and Graduation year (if you are a student)

\_\_\_\_\_ Title (if you are a faculty member, researcher, postdoc, etc.)

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Signature

Date

## Consent

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.

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Parent/Guardian Signature (if under 18)