



**Emergency Contact Name**\_\_\_\_\_

#\_\_\_\_\_

**Medical Release:** I hereby authorize the Directors to act for me according to their best judgment in any emergency requiring medical attention.

**Publicity Release:** I grant Salem State University permission to use, reproduce and/or distribute photographs of myself for academic purposes and for the purpose of advertising and marketing the College and its programs. I understand that these photographs may appear in either print or digital media, including the Salem State University website.

**X**\_\_\_\_\_ **Signature**