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## PHOTO & VIDEO RELEASE FORM

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Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

**If the person is a minor, there should be consent of the parent or guardian as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_ the minor name above, and do hereby give my consent without reservation on behalf of this person.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

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