

## Photograph, Video, Name and/or Quotation Release Form

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\_\_\_\_\_  
Full Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Month, Day, Year)

\_\_\_\_\_  
School / Organization

\_\_\_\_\_  
Witness Name (Please print)

\_\_\_\_\_  
Signature

I am under 18 years of age. My parent or legal guardian has given authorization for me to participate.

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Signature

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