

## PHOTO RELEASE FORM

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I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name	
Signature	Date
Parent/Guardian Consent [include if the person is under 18]	
Parent and/Legal Guardian Name	
Parent and/Legal Guardian Signature	 Date