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By signing my name, I acknowledge that I have read, understood and agree with the contents contained within this form.

Project:

First Name:

Last Name:

Email:

Telephone Number:

Date:

Signature of Participant:

If under 18 years of age, a signature of a parent or guardian is required.

I acknowledge that I have read and understood this document. I agree to its terms in connection with the photographic or electronic records of the likeness of my child:

Parent or Guardian First Name:

Parent or Guardian Last Name:

Email:

Telephone Number:

Date:

Signature of Parent or Guardian:

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