

# PHOTO / VIDEO RELEASE & CONSENT FORM

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## Project Information

## Signature(s)

By signing below, I acknowledge that I have read and agree to all of the above on behalf of either myself or my minor child, other family member or person for whom I have legal responsibility.

Name (*please print*):

Signature:

Date:

*If the individual is a minor, a parent or legal guardian name and signature is required.*

Parent/Guardian Name (*please print*):

Signature:

Date: