Photograph and Video Release for Minor

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I hereby represent and certify that I am the parent or guardian of the minor named below, am authorized to give this consent and do hereby give my consent to this release on behalf of such minor. I have read and understand the terms of this release.

Parent's or Guardian's Signature	Date
Printed Name	
Name of Minor	Relationship to Minor
Address:	

Should you have any questions, please contact

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