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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

**IF RELEASOR IS UNDER 18 YEARS OF AGE:**

I am the parent or legal guardian of the minor Releasor. I have read this release before signing; I understand the legal consequences of its contents, meaning and impact; and I freely accept the terms on behalf of the minor Releasor and agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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Minor Releasor's Name (Print)

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Name of Minor Releasor's Parent/Guardian (print)

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Date

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Signature of Minor Releasor's Parent/Guardian

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Telephone

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Email Address

**PROJECT OR EVENT NAME:**

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Photographer

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Broadcast

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Contact Information

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Location

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Notes

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Photo Caption

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Photo Credit Requested

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