



## VIDEO RELEASE FORM

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AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Print Name of Student*

\_\_\_\_\_  
*Print Name of Parent or Guardian (in the event that the student is a minor)*

\_\_\_\_\_  
*Signature of Student (or Parent/Guardian in the event that the student is a minor)*

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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