

VIDEO AND INTERVIEW CONSENT AND RELEASE FORM

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I understand my participation is voluntary and that I masigning this document. If I choose to discontinue partiwritten notice by XXX	
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I hereby certify that I am over eighteen years of age as as the above is concerned. If I am under eighteen year document and have given their consent by signing below.	s of age, my parents or legal guardians have read this
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Participants Names (please print):	
First Name:	Last Name:
I	

Parent/Legal Guardian Name (please print):	
Parent/Legal Guardian Signature:	
Date:	