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DEPARTMENT

Department: _____

Class/Activity: _____

Describe the possible uses for which the Department may use the individual's image, name, and/or voice:

RELEASE & LICENSE

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(Initial all Personal Information for which permission to use is being given)

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___ Name

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Name: _____ Age (if Minor): _____

Signature (not required if minor): _____ Date: _____

Name of Parent(s)/Guardian if Minor: _____

Signature of Parent/Guardian if Minor: _____ Date: _____

Address: _____ Ph: _____