

## PHOTO RELEASE FOR MINORS ON CAMPUS



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Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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