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Project:

First Name:

Last Name:

Email Address:

Telephone Number:

Date (yyyy-mm-dd):

Signature of Participant:

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I acknowledge that I have read and understood this document. I agree to its terms in connection with the photographic or electronic records of the likeness of my child:

Parent or Guardian's First Name:

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Date (yyyy-mm-dd):

Signature of Parent/Guardian:

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