



Authorization to Take and Use Photographs/Video and Waiver and Release of Claims

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Signature. _____

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Date. _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and I hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

SIGNATURE OF PARENT OR GUARDIAN. _____

Witnessed by. _____

Date. _____