



**PHOTO, PRESS, AUDIO, AND
ELECTRONIC MEDIA RELEASE FOR MINORS**

Name of Student: _____

Name of Parent: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: (_____) _____ **E-mail:** _____

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I agree with the above statement.

SIGNATURE: _____ **DATE:** _____
(Parent or Guardian)

I do not agree with the above statement.

SIGNATURE: _____ **DATE:** _____