

# MEDIA RELEASE

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PRINTED NAME OF PARTICIPANT

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PHONE NUMBER

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SIGNATURE (if 18 years of age or older)

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DATE

## **GUARDIAN CONSENT (if less than 18 years of age)**

By signing below, I affirm that I am the parent or legal guardian of the minor named above, and I have legal authority to execute this consent. I hereby sign this release on behalf of the above-named minor and waive any further rights to its premises.

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PRINTED NAME OF GUARDIAN

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RELATIONSHIP TO MINOR

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SIGNATURE

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DATE