

Written Testimonial, Photograph & Video Release Form



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By signing this form, I acknowledge that I have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

FULL NAME			
ADDRESS		CITY	
PROV		POSTAL CODE	
PHONE		FAX	
EMAIL ADDRESS			
SIGNATURE OF STUDENT		DATE	
If the Signee (student) is under the age of 19, then the signature of a parent or legal guardian and his/her school address and postal code is required.			
PARENT OR LEGAL GUARDIAN SIGNATURE		DATE	
SCHOOL ADDRESS		SCHOOL POST CODE	

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