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PRINT NAME (PHOTO/VIDEO SUBJECT) DATE

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PRINT NAME OF PARENT/GUARDIAN (IF MINOR RELEASE) AGE (IF MINOR)  
Parent/legal guardian warrants and represents that they have the full   
legal capacity to consent to the shoot and to execute this release

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SIGNATURE OF SUBJECT OR PARENT/GUARDIAN (IF MINOR RELEASE)

*DESCRIPTION OF SHOOT (LOCATION AND PURPOSE):*