VIDEO RELEASE FORM

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[ ]  Courses.

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Street Address/P.O. Box **[ADDRESS]**

City **[CITY]**

State **[STATE]**

Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this release is obtained from a presenter under the age of 19, then the signature of that presenter’s parent or legal guardian is also required.

Parent’s Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_