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**Multimedia Release Form**

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Name of Person Age (if under 18 years) Date Signature

(if above 18 years)

***IF THE PERSON IS A CHILD UNDER 18 YEARS OF AGE:***

I confirm that I am the legal guardian of the child named above and therefore may grant permission for this multimedia release on behalf of the child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian Relationship to Child Date Signature of Guardian