PHOTO RELEASE

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I release the videographer/photographer and any agents associated with the videographer/photographer of any claims, demands, lawsuits, that may arise in connection with the video and/or photography taken.

I am over 18 years of age. I understand the above release agreement is binding upon my signature. I am the legal guardian of the undersigned. I understand the above release agreement is binding upon my signature.

SIGNATURE: ________________________________  SIGNATURE: ________________________________
Printed Name: ________________________________  Printed Name: ________________________________
Date: ________________________________  Date: ________________________________

SIGNATURE: ________________________________  GUARDIAN’S SIGNATURE: ________________________________
Printed Name: ________________________________  Printed Name: ________________________________
Date: ________________________________  Child’s Name: ________________________________

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