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NAME OF PERSON PHOTOGRAPHED, RECORDED OR INTERVIEWED (PLEASE PRINT)      AGE (IF MINOR)

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STREET ADDRESS, CITY, STATE AND ZIP

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SIGNATURE

DATE

CONSENT OF PARENT OR LEGAL GUARDIAN IF ABOVE INDIVIDUAL IS A MINOR.

I CONSENT AND AGREE, INDIVIDUALLY AND, AS A PARENT OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE, TO THE FOREGOING TERMS AND PROVISION. I HEREBY WARRANT THAT I AM OF FULL AGE AND HAVE EVERY RIGHT TO CONTRACT FOR THE MINOR IN THE ABOVE REGARD. I STATE FURTHER THAT I HAVE READ THE ABOVE INFORMATION RELEASE AND THAT I AM FULLY FAMILIAR WITH THE CONTENTS.

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SIGNATURE

RELATIONSHIP

