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**Photo, Video, Audio, Art and Creative Writing Consent and Release Form**

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Age (if under 18): \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature (if under 18). I permit the use of my child's name and county of residence with any photos, videos, or sketches of him/her taken during the activity for publicity, advertising and promotion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_