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MEDIA RELEASE

I hereby give my consent to all photographs, audiorecordings, academic work, and/or videorecordings taken of me or my minor child PAL® Services staff or their designee.

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(Please check one of the options below.)

Yes, I give my consent.

No, I do not give my consent.

Date: _____

Teacher's Name: _____

School's Name: _____

Student's Name: _____

(please print)

Parent's/Guardian's Name: _____

(please print)

Signature: _____

(parent/guardian signature)

Mailing Address: _____

Telephone: _____

Email Address: _____