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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: \_\_\_\_\_