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Signature	Print Name	
Date	 Email	
Address	Phone Number	
City	State Zi	p
Student ID Number If the person signing above is under 18 years	rs old, the consent of a parent or guardian is required.	
	, certify that I am the parent or guardian of the ations to the release agreement signed by him or her.	e minor
Parent/Guardian	Print Name	
Date	Address	
Phone Number	 Email	

PLEASE RETURN TO:

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