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FOR FAMILY**

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I, the Participant, affirm I am the parent or legal guardian of, and am authorized to grant permission for participation in the activities to be recorded and the grant of rights and releases contained herein for, the MINOR CHILD(REN) named below.

Signature of Adult Participant *Date*

Print Full Legal Name

Mailing Address *Email Address* *Phone*

Print Full Legal Name of Minor Participant *Relationship to Adult* *Age*

Print Full Legal Name of Minor Participant *Relationship to Adult* *Age*

Print Full Legal Name of Minor Participant *Relationship to Adult* *Age*

Print Full Legal Name of Minor Participant *Relationship to Adult* *Age*