

PHOTO/MEDIA CONSENT FORM

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I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Participant (please print)

India Community Center Event, Program, or Campaign in which the above named is participating.

Signature		Date
<input type="checkbox"/> I am over 18 years of age and the participant.	<input type="checkbox"/> I am the parent or legal guardian of the participant who is a minor.	<input type="checkbox"/> I am the Conservator for the participant who lacks legal capacity to consent.
Residential Address of Signatory		City, State, Zip
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile		Email

Signature of Witness

Date

Name of Witness (please print)

Email



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