

Visual/Audio Image Release Form

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My student and I have read this release before signing. We understand its content and freely accept the terms.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Parent or Guardian Signature  
(If under 18 years of age)

\_\_\_\_\_  
Address (optional)