

## Model Release

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I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

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

Signature \_\_\_\_\_

Parent or guardian cosignature (if releasee is under age eighteen)  
\_\_\_\_\_

\_\_\_\_\_ Please initial/date **if you do NOT wish to release** your child's image, voice or likeness for educational and promotional purposes.

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