

PERMISSION TO PHOTOGRAPH

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___ Yes, I give my permission.

___ No, I do not want to appear in a photograph or videotape.

Date

Name (printed)

Signature

Printed name of Parent/Guardian if signing for a minor under 18
years of age

Effective immediately, I **rescind** my authorization to be photographed, videotaped, or audio taped.

Date

Name (printed)

Signature

Printed name of Parent/Guardian if signing for a minor under 18
years of age

