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**Visual/Audio Release Form** <sup>minors</sup>

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Guardian's First Name

Guardian's Last Name

Signature of parent/guardian

Email

Date

Telephone

*By signing above, you acknowledge that you are the legal parent/guardian of the above named child and that you have read and understand the terms of this release. This information is kept confidential. The University will not sell photo/video footage to any third party. Images are protected under copyright of Lesley University.*

Date of Shoot

Location

Photography  Videography

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