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| **SECTION 1: INDIVIDUAL INFORMATION** |
| **NAME** (*first, middle, last*)      | **EMAIL**      | **PHONE**      |
| **ADDRESS** (*street, P.O. box)*      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 2: RECORDING RELEASE INFORMATION** |
| I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video devices without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my image or recording. There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed. |
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| **SECTION 3: SIGNATURE AUTHORIZATION** (*If this release is obtained from a person under the age of 18, then the signature of that person’s parent or legal guardian is also required.*) |
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|  | **SIGNATURE** |  |  |  | **DATE** |  |  |  |  |  |
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|  | **PARENT/GUARDIAN SIGNATURE** |  |  |  | **DATE** |  |  |  |  |  |
| **FOR INTERNAL USE ONLY** |
| **Event:** |       |  | **Date** |       |  |  |
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| **Location:** |       |  |  |  |  |  |
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| **KYTC Photographer/Videographer:** |       |  |  |  |  |  |
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