

PHOTO RELEASE FORM

Discover Life After School Program

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I have read and understand this release and voluntarily agree to its terms. I confirm that I am the parent or legal guardian of the child(ren) named below.

Child(ren) Information and Signatures

Child's Full Name	Age	Parent/Guardian Signature	Printed Name	Date

Parent/Legal Guardian:

Printed Name: _____ Date: _____

Signature: _____

Witnessed by: _____ Date: _____