

Photo, Video & Media Permission Form

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Please complete the below to signify that you have read, understood and agree to the terms on this form.

Name of Student Participant:	
Phone number AND/OR email:	
City/Town:	
Date:	
Name of Parent/Guardian (if student is aged under 16):	
Signature of Parent/Guardian (if student is aged under 16): OR Signature of participant (if aged 16+):	

Please return this form back to your school