



## THE EVERGLADES FOUNDATION MEDIA/PHOTO RELEASE FORM

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**Contact (e-mail or phone number):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*PARENT/GUARDIAN SIGNATURE REQUIRED FOR MINORS UNDER 18 YEARS OF AGE*

**Student Name (print):** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Parent/Guardian Contact (e-mail or phone number):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_