TALENT CONSENT FORM
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I give my consent to the conditions that have been stated above.

Date: ________________

Participant Name (print): ______________________________________

Participant Signature: ________________________________________

For children under the age of 18, a parent or guardian consent is required.

Date: ________________

Parent Name (print) ________________________________________

Parent’s Signature: ________________________________________

For Office Use Only:

Event Taken: ___________________________ Date: ________________

Activity: ____________________________________________________

Quote From Participant: ________________________________________