



# MEDIA AUTHORIZATION AND RELEASE FORM

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I understand that I may be identifiable in these photographs, videos or written/audio accounts, though my name will not be published unless I specifically agree below.

☐ I DO

☐ I DO NOT

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I state that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

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

**Church:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**Parent's Signature:** \_\_\_\_\_  
(If subject is a minor)