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I hereby relinquish St. Edward School, its representatives and employees, of any present or future claim for reimbursement for said photographic, film and all other forms of media reproduction of my likeness and/or my academic works or for said testimonials by me or any other persons may make while acting in my behalf by purpose of this authorization.

**I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT FORM ENTIRELY,
HAD THE OPPORTUNITY TO ASK QUESTIONS AND FULLY UNDERSTOOD IT.
I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF UNDER 18 YEARS OF AGE,
I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S)
AS EVIDENCED BY THEIR SIGNATURE(S) BELOW.**

Participants' Name: _____ Signature: _____ Date: _____

Parent or Legal Guardian name and signature required for participant under 18.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Received and Processed by: _____
Signature over Printer Name Date