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## HIPPA Mission Media Release Form

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Signed:	 	 	
Name:	 	 	
Address			

Date:
Witness:
Signed:
I am the parent or guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.
Signed:
Name:
Address:
Date:
Witness:
Name and Address: