

MORROW MEMORIAL UNITED METHODIST CHURCH

MEDIA RELEASE FORM

Individual's Name: _____

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Signature of Parent/Guardian (if child is under 18): _____

Printed Name of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian: _____

- OR -

Signature of Individual (if 18 years or over): _____

Date: _____ Address of Student: _____

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