FOCUS SPRINGFIELD

TALENT RELEASE FOR MINORS

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(name of Parent or Guardian)	
(name of Producer)	, the froducer
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I understand that neither I nor my child will receive pathereby release the above-named producer and Focus Sany subsequent use of this program.	
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Name of Parent or Guardian (please print):	
Signature of parent or guardian:	
Address:	
Phone:Email:	
I further agree that the representations and agreements child's ongoing participation in this program.	contained in this release are hereby extended to my
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