LEARN THRU MOVEMENT, Inc.

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RELEASE FORM

Name (print):
Name of Parent/Guardian if under 18 (print):
Address
Phone
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The name of your child will NOT be used.
I have read the above carefully and fully understand its meaning. I give permission to be photographed and/or videotaped.
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Please feel free to telephone Learn Thru Movement, Inc. to ask any questions. 607-233-4209.