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Participant's Media Release

(To be completed by Participant's Parent or Legal Guardian and signed in the presence of a Stirrup Some Fun Representative)

Participant's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Media Release

Please check or circle one of the following boxes and sign below:

I DO

I DO NOT

consent to and authorize the use and reproduction by the "Stirrup Some Fun" Program and Statesboro-Bulloch Copunty Parks and Recreation Department of any and all photographs and any other audio/visual materials taken of the above named participant. I understand these would be used for promotional material, educational activities, the program's website, exhibitions and/or any other media outlet as deemed beneficial for the program and without compensation to me.

Signature: _____ Date: _____
(Signed in the presence of a Stirrup Some Fun Representative)

Print Name: _____

Relation to Participant: _____



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