

Media Release

Instructions: Please review and indicate your agreement to this Release by signing below.

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This Release is binding on me, my heirs, assigns, and estate. I understand LC State is not obligated to use any of the rights granted under this Release.

SIGNATURE

DATE

FULL NAME (PRINTED)

ADDRESS (STREET)	CITY	STATE	ZIP
	P. 10.15		
EMAIL ADDRESS	PHONE		
If you are under eighteen (18) years of age, your parent or guardian must sign below:			
capacity LC State has my consent	dian of the minor who has signed th and authorization to use the name,		
above.			
Parent/Guardian:			
FULL NAME (PRINTED)	SIGNATURE		DATE
ADDRESS (STREET)	CITY	STATE	ZIP
ADDRESS (STREET)	GILI	STATE	ZIF.
EMAIL ADDRESS	PHONE		