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\_\_\_\_\_  
PRINT NAME (PHOTO SUBJECT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME PARENT/GUARDIAN

\_\_\_\_\_  
AGE (IF MINOR) USF CLASS LEVEL (IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHOTOGRAPHER/VIDEOGRAPHER

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMAIL

DESCRIPTION OF SHOOT (LOCATION AND PURPOSE)