



TALENT RELEASE

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Participant's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone Number: (_____) _____ - _____

District: _____ Unit Number: _____

Date: _____

Signature of Participant: _____

Signature of Parent or Guardian: _____

(if participant is younger than 18)

Signature of Guardian: _____

(if participant is younger than 18)