

APPEARANCE RELEASE

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I agree that, on _____, 20____, at _____, the Foundation may (or did) take photographs or record video capturing my picture, likeness, name, and/or voice, by any mechanical or electrical means, including, without limitation, physical film and/or digital means of recording (the "Released Material").

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I acknowledge that I have read and understand the foregoing.

Signature

Printed name

Address and telephone number

Email address

Date