



**Petoskey Education
Foundation**

PHOTO/VIDEO RELEASE AND WAIVER

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Student Name (printed): _____

School Building: _____

Student Email: _____ Phone #: _____

Signature: _____ Date: _____

If the signer above is not 18 years of age, his/her parent or guardian must also sign the Photo Release and Waiver on his/her behalf.

Parent/Guardian (printed): _____ Phone#: _____

Parent/Guardian Signature: _____ Date: _____