

RELEASE FORM

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I represent that I have read and understand the foregoing statement and am competent to execute this agreement.

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OFFICIAL USE ONLY

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Signature  _____

Print Name Valerie G. Segovia, Ed.D. _____

Date _____

IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I agree to all the terms and conditions of this Release Form on behalf of myself and my child/ward.

Parent Signature _____

Date _____

Print Name _____

Parent email address _____

