



AN HONORS UNIVERSITY IN MARYLAND

**Model Release**

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Signature \_\_\_\_\_

Witness \_\_\_\_\_

**Consent**

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

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