

TALENT RELEASE AGREEMENT

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Yes No

Name: _____ Age: ____ Male Female

Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

Unit Leader: _____ Unit Type: _____ Unit No.: _____

Signature: _____ Date: _____

Participants under the age of 18 a parent or guardian must fill out and sign the information below.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

Signature: _____ Date: _____