



NEW YORK STATE ART TEACHERS ASSOCIATION

Media Release Form

Date: _____

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AGREEMENT/SIGNATURE

AGE 16+— I have read and fully understand this agreement.

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Signature _____

—OR—

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I represent that I am the (father, mother, guardian) of _____ the above named child. I hereby consent to the foregoing on his/her behalf.

Name: _____

Signature _____