Texas A&M International University

MODEL RELEASE
FOR MINORS

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MODEL

Name (Print): _____ Signature: _____ Date: _____

PARENT AND/OR GUARDIAN

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Signature: _____

Date: _____

WITNESS

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

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Signature: _____

Date: _____