

**Steampunk Society of Vermont, Ltd.**

**PHOTO RELEASE FORM**

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**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

**If under 18, parent must sign**

Parent Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_