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By: \_\_\_\_\_

Date: \_\_\_\_\_

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

**If the above-named is under age 18:** I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and give my full, absolute, and irrevocable consent to the above on behalf of \_\_\_\_\_.

Signature of Parent (for individual under age 18) \_\_\_\_\_

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

Date: \_\_\_\_\_