

# Night to Shine Parent/Caretaker/Guest Media Rights Release

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AGREED TO AND ACCEPTED:

## Parent/Caretaker

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent/Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant (Guest Attending Night to Shine)

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

Signature of Participant (if over age 18): \_\_\_\_\_ Date: \_\_\_\_\_