



CREDIT UNION WEST MEDIA/PHOTO RELEASE

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Name			
Child's Name (if applicable)		Child's Age	
Address			
City, State, Zip			
Phone Number			
Email			
Consent Signature		Date	
Witness		Date	

☐ I verify that I am not an employee, officer and volunteer official of Credit Union West or its advertising agencies or an immediate family member.

*Parent or Guardian must fill out the waiver for children under the age of 18