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Signature

Date Age (if minor)

Printed or typed name

Phone

Address

City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR. I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Signature

Date

Printed or Typed Name

Phone

Address

City/State/Zip

Note: Modification of this Form requires approval of OGC

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