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I understand that this release is intended to be as broad as permitted by law and that, if any portion is held to be invalid, then the rest of it shall continue in full legal force and effect. I further acknowledge that I am 18 years of age or older. I FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT AND HAVE SIGNED IT OF MY OWN FREE WILL.

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

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

Parent or Guardian for  
minor or incompetent: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parental, legal custodian or guardian consent is required for a minor or incompetent.)*

Address: \_\_\_\_\_  
Street City State Zip

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

*(Note: A witness is needed only if the person to sign this form cannot sign her or his name.)*