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For Cornell Cooperative Extension of Fulton and Montgomery Counties

I, the undersigned, hereby

(CIRCLE ONE) a.) Do consent and authorize... b.) Do not consent and authorize...

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If this release agreement is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward (Print Name) _____

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Signature (Parent/Guardian) _____ Date _____

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