



# EDITORIAL AND PHOTOGRAPHIC RELEASE

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**If a minor, parent/guardian's name:** \_\_\_\_\_

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

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Should this release be revoked by me at any time I must provide a written request and send it to the Camp Fire USA Balcones Council at 1603 E. 38 1/2 Street, Austin, TX 78722.**