



Onion River Community Access Media
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Your Community Television Network

PERFORMER RELEASE

(Required for youth appearing on video programs. May also be required from adults at ORCA Media's discretion.)

Date: _____

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_____ (Location or event)

on _____ for _____
(Date) (Event or Client)

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(Print Name) (Signature)

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If subject is under 18:

Parent/Guardian: _____ / _____
(Print Name) (Signature)

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