



FORT WAYNE COMMUNITY SCHOOLS

## Media Release

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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I understand that this information might be published on the Internet and therefore published worldwide.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

*If the above-named individual is 18 years of age or older:*

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

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