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By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational or promotional purposes.

Full Name

Signature_____ Date_____

If this release is obtained from a student under the age of 18, then the signature of that student's parent or legal guardian is also required.

Parents Full

Name

Parent's Signature

Date

1240 N Highland Ave # 7, Aurora, IL 60506 Any questions or concerns should be emailed to GriffithsCadence@co.kane,il.us