Nishnawbe Aski Nation
ᐊᓂᔑᓇᐯ ᐊᐧᑭ ᐃᐣᑯᓂᑲᓇᐣ ᐅᑭᒪᐧᐃᐣ
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PHOTO/VIDEO RELEASE FORM

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Name of Participant (please print): _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____

Date: _____