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During my enrollment and/or participation in the	
(hereinafter "Activity"), I understand that I may be videotaped, photographed and/or recorded. I hereby permission and authorize The Board of Regents of the University System of Georgia by and on behalf of	_
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6. If any provision of this authorization and release shall be held invalid or unenforceable, such provision will be deemed deleted from this authorization and release without invalidating the remaining provisions of this authorization and release or affecting the validity or enforceability of such remaining provisions.

BY MY SIGNATURE BELOW, I HEREBY CERTIFY THAT: I AM AT LEAST 18 YEARS OF AGE OR OLDER, I HAVE CAREFULLY READ AND UNDERSTAND THE TERMS AND CONDITIONS HEREIN AND I FREELY AND VOLUNTARILY PROVIDE AND HAVE THE LEGAL CAPACITY TO PROVIDE THIS LICENSE AND RELEASE.

IF I AM UNDER 18 YEARS OF AGE, MY PARENT OR GUARDIAN MUST ALSO SIGN BELOW AND MY PARENT OR GUARDIAN CONSENTS TO THE TERMS AND CONDITIONS HEREIN ON MY BEHALF.

Participant Signature	Parent/Guardian Signature
Printed Name	Printed Name of Parent/Guardian
Date	Date
Participant Email Address	Parent/Guardian Email Address