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CONSENT AND RELEASE

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Name:		
Suburb:	Email address:	
Tel:	Mobile:	
USC Staff / Student ID number (if applicable):		
Current program of study (if applicable):		
Signature:		Date:
If under 18 years of age:		
Parent/guardian name:		
Parent/guardian signature:		Date:
OFFICE USE ONLY		
Photographer / Videographer:	Date of shoot:	
Details of shoot (purpose, location, etc):		