



NATIONAL GEOGRAPHIC KIDS MODEL RELEASE FORM

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Name	Date
_____	_____
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Signature	

If subject is a minor, have parent or guardian complete below. If subject is illiterate, have witness complete below:

_____	_____
Child's Name	Date
_____	_____
Street Address	City, State, Zip
_____	_____
Parent or Guardian's Signature	Printed Name
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Witness	