

## SoftSeven Release Agreement

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate (if School Champion): \_\_\_\_\_

I hereby agree to allow Dr. McCurry and SoftSeven to use photographs and/or video taken of my child to use for SoftSeven promotional materials including but not limited to computer programs, calendars, brochures, website pages and promotional videos.

Parent or Guardian: \_\_\_\_\_

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