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**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATION, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES)**

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NAME OF STUDENT *(****PLEASE TYPE OR PRINT LEGIBLY)***

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SCHOOL CLASS

I, (***PLEASE PRINT***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to the taking of photographs,

***(PARENT/GUARDIAN)***

of my son/daughter by Virtual Enterprises International for the 2019-2020 academic year.

I also grant Virtual Enterprises International the right to edit, use and reuse said products for non-profit purposes sponsored by Virtual Enterprises International.

I also hereby release Virtual Enterprises International, and its agents and employees, from all claims, demands, & liabilities whatsoever in connection with the above.

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**SIGNATURE OF PARENT/GUARDIAN**

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**TELEPHONE OF PARENT/GUARDIAN**

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**ADDRESS OF PARENT/GUARDIAN**