

# SUNY ONEONTA

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number or Email

\_\_\_\_\_  
City, State, Zip

If the person signing above is under 18 years old, the consent of a parent or guardian is required.

I \_\_\_\_\_ certify that I am the parent or guardian of the minor signing above and consent without reservation to the release agreement signed by him/her.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number or Email

\_\_\_\_\_  
City, State, Zip