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**I give my consent** to FCI to use my name and likeness to promote FCI programs, services, and/or their activities.

Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for participants under age 18)

☐ Applicant declines photograph and publicity release