

# SKIDMORE

C O L L E G E

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\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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Phone Number or Email

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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 reservations to the release agreement signed by him or her.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

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