**VIDEO CONSENT FORM**

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I have read the above irrevocable Consent and fully understand its contents. I consent to the use of these images as described above.

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| [Signature] |  | [MM/DD/YYYY] |
| **Signature of Participant** |  | **Date** |

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| [Location] |
| **Location** |

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| [Signature] |  | [MM/DD/YYYY] |
| **Signature of Parent or Guardian if Minor** |  | **Date** |

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| [Location] |
| **Location** |