SHOOT NAME

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I certify that I am at least 18 years of age and am competent to contract in my own name. I have completely read this release before signing, and I fully understand the contents, meaning and impact of this release.

PRINTED NAME		DATE
SIGNATURE		
ADDRESS		
CITY	STATE	ZIP
PHONE		

**EMAIL** 





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Oklahoma State University 121 Cordell, Stillwater OK / 405 744-6262

