

**2009 AFRICA PAVILION  
VIDEO/PHOTO RELEASE FORM**

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I declare that I have the authority to bind the group including minor members.

Name: \_\_\_\_\_

Performer / Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Performer / Authorized Person: \_\_\_\_\_

(If signing for a group, only one signature required)

Signature of Stage Manager: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_