



## Testimonial and Media Release

- Please Read This Form Carefully -

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Name (please print): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I acknowledge by signing below that I have read and understood the contents of this form:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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