



**Talent Release Form**

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

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Phone Number: \_\_\_\_\_

Troop #: \_\_\_\_\_ Troop City: \_\_\_\_\_

Signed: \_\_\_\_\_

Guardian: \_\_\_\_\_  
(if under the age of 18)

Witness: \_\_\_\_\_

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