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below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. Your Name (please print): Signature: Date: Signature of guardian if under 18 years of age:																
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Queries regarding this form should be addressed to: Laurie Monroe, P.O. Box 4827, Ocala, FL, 34478