

**Little Giant Solutions Talent Release**

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

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_  
(City, State, Zip)

Phone Number(s): \_\_\_\_\_

**MUST BE COMPLETED IF PARTICIPANT IS LESS THAN EIGHTEEN (18) YEARS OF AGE.**

I represent that I am the parent or legal guardian of the minor who has signed the above release, and I hereby agree that the said minor and I will be bound hereby.

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

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_  
(City, State, Zip)

Phone Number(s): \_\_\_\_\_