 **Journalism Association of Community Colleges Liability and Release Form**

*Please download, have all delegates sign, scan document and email to:*

[*bpjacc@gmail.com*](mailto:bpjacc@gmail.com)

The Participant freely executes this Release under the following terms:

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I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the JACC from liability and Media release.**

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SCHOOL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVISER NAME & CELL PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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