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COLUMBIA SCHOLASTIC
PRESS ASSOCIATION

Fall Conference 2026 Media Release Form

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☐ agree with the media release policy.

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Attendee Name [***if 18 years old or older***] (printed): _____

Attendee Name [***if under 18 years old***] (printed): _____

Attendee Signature: _____ Date: _____

Please complete information below if attendee is a minor.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____