



# SJVAPCD Waiver Form

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone # (optional)

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

Purpose: \_\_\_\_\_  
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