



## PHOTO RELEASE FORM

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IN WITNESS THEREOF I have hereunto set my hand and seal this

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

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

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

City, State, Zip: \_\_\_\_\_

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

(If minor): Parent: \_\_\_\_\_ Print name: \_\_\_\_\_

Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_