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*I have read this release and fully understand its contents.*

\_\_\_\_\_  
(Signature of subject)

\_\_\_\_\_  
(Date)

If the person is under 18, I certify that I am his/her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

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

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

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

Phone: \_\_\_\_\_

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

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For images gathered at special events, photo shoots, or service days, please fill out the following:

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

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

Location: \_\_\_\_\_

Coordinator or Photographer: \_\_\_\_\_