



Photography Release

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Name(Print)	Date Ph:		
Signature			
Address	City	State	Zip
Unique Description			
If the subject is a minor, the individual si below, and has authorization to sign on b		arent or legal guardi	an of the Minor named
Parent or Guardian Name(Print)		Date	
Parent or Guardian Signature		Ph:	
On behalf of Minor Name (Print)			
Address			
City	State	Zip	

Photography Release (additional signatures)

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Name (print)	Date	Name (<i>print</i>)	Date
Signature		Signature	
Phone or Email		Phone or Email	
Unique Description		Unique Description	
Name (print)	Date	Name (print)	Date
Signature		Signature	
Phone or Email		Phone or Email	
Unique Description		Unique Description	
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Phone or Email		Phone or Email	
Unique Description		Unique Description	





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