



## PHOTO RELEASE FORM

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\_\_\_\_\_  
Signature of Individual to be Photographed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Individual to be Photographed

\_\_\_\_\_  
Signature of Parent/Guardian (if individual is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian