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# Photo Release Form

I, \_\_\_\_\_ grant permission to \_\_\_\_\_ for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kinds whatsoever.

I understand that I may revoke this authorization at any time by notifying \_\_\_\_\_ in writing. The revocation will not affect any actions taken before the receipt of this written notification.

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Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Image(s) Description \_\_\_\_\_

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