

# A.J. WILSON PHOTOGRAPHY

## Release Form

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Please initial one (or both) of the following:

\_\_\_\_\_ I hereby acknowledge and represent that I am over the age of eighteen years and that I have read and understand this release.

\_\_\_\_\_ I hereby acknowledge and represent that the Subject(s) is a minor and that I am the parent or duly authorized Guardian of the Subject(s) and that I have read and understand this release.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name of Subject(s) (Please Print): \_\_\_\_\_

\_\_\_\_\_

Signature of Subject(s) and/or Guardian:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Print Address:

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