

Photo/Publicity Release

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Name (please print): _____
☐ Volunteer ☐ Patient ☐ Employee ☐ Visitor

*If employee, Employee Identification Number: _____

Signature** _____ Date: _____

****In case of minor, I hereby individually and as ☐ Father ☐ Mother ☐ Guardian of the above, consent to the foregoing.**

Witness: _____ Date: _____
