

ELIZABETH F. GAMBLE GARDEN

PHOTO RELEASE FORM

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I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT:

Student Print Name: _____

Student Signature: _____

Date: _____

Address: _____

If under 18, a parent/guardian must sign, in addition to the child's signature.

Parent Print Name: _____

Parent Signature: _____

Date: _____

Thank You!