



Photo Release/Adult

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This authorization and release shall also insure to the benefit of the heirs, legal representatives, licensees, and assigns of the Eastern Prosthetic Clinic as well as the person(s) of whom were photographed.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof.

This release shall be binding upon me and my heirs, legal representatives, and assigns.

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Name: _____

Address: _____

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Signature: _____

Witness: _____