

Photography Consent Form

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Name (please print)			
Signature	Date		
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Email Address	Daytime Phone Number	Daytime Phone Number	
Street Address			
City	Province	Postal Code	
I hereby certify that I am the parent or guardian of the m without reservations to the foregoing on behalf of this pe		by give my consent	
Signature	Date		
If you have any questions, please contact:			
Name			
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