

# Permission for Photography

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X \_\_\_\_\_ (SEAL)  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS (Line 1)

\_\_\_\_\_  
ADDRESS (Line 2)

\_\_\_\_\_  
TODAY'S DATE

X \_\_\_\_\_  
WITNESS

\_\_\_\_\_  
ADDRESS (Line 1)

\_\_\_\_\_  
ADDRESS (Line 2)