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## Model Release

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I hereby warrant that I am of full age and have the right to contract in my own names. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents of this document. This document shall be binding upon me and my heirs, legal representatives, and assigns.

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Photoshoot Location	Photoshoot Date
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Signature Photographer	Signature Company/Physical Therapist
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Print Your Name	Date of birth	Gender
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Your Address	City	State
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Email	Phone
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Signature	Date Signed
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Print Name of Parent/Guardian	Signature of Parent/Guardian
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