

# Greens Ayurveda - Azhiyur

www.greensayurveda.com

## PHOTO RELEASE FORM

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IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets their hand and seals the date written below.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

signature: .....

If under 18, signature of parent / guardian

\_\_\_\_\_

Parent/guardian name: