

PHOTO RELEASE FORM

(To be signed by any recognizable person within a photograph, slide or video.)

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Subject's Name _____

Unity Center _____
City, State

Subject's Address _____

City, State, Zip _____

Phone number _____

Subject's Signature _____ Date _____

Parent's signature ALSO if Subject is under 18 years old _____

Please return this release to:
Association of Unity Churches
Attn: Cheryl Vestal
PO Box 610
Lee's Summit, MO 64063