



Arbor Day Foundation®

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IMAGE RELEASE

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_____ I am over the age of 19 and I have read and fully understand this Release.

Printed Name

Address, City, State, Zip Code & Country

Signature

Date

_____ I represent that the subject of this Release is the minor named below and that I am the parent or guardian of such minor and that I have read and fully understand this Release.

Printed Minor's Name

Printed Parent/Guardian's Name

Address, City, State, Zip Code & Country

Parent/Guardian Signature

Date