



## Photo waiver for adult individuals

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Full name (please print) \_\_\_\_\_

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

Witness (please print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Company Event Leader's Full name(s) (please print)

Ministry Area \_\_\_\_\_

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

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