



Project Elijah Empowering Autism (PEEA) PHOTO RELEASE FORM

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____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

(Printed Name)

(Signature)

(Date)

(Parent/Guardian's Printed Name)

(Parent/Guardian's Signature)

(Date)

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