



Allegheny National Forest Visitors Bureau
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TRAIL CENTRAL

PHOTO RELEASE FORM

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- e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name*: (Please Print) _____

*If Minor: Adult acting as legal representative, please sign and fill in information below

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Dated: _____ Signed: _____

Address: _____

City: _____ State: _____ ZipCode _____

Phone: _____ E-mail: _____

Witness: (Please Print) _____

Date: _____ Signature: _____