PHOTO RELEASE (Adult)

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I have read the foregoing release agreement before affixing my signature below and certify that I fully understand the contents of this release.

Date __________________ Adult Subject’s Signature __________________

Date __________________ Witness Signature __________________

Return to: APHON
8735 W. Higgins Rd, Ste 300
Chicago, IL 60631 Fax: 847.375.6478