## NATIONAL NATIVE HIV/AIDS AWARENESS DAY

## PHOTO RELEASE FORM

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Native HIV/AIDS Awareness Day	ducational, publication, or marketing purposes, including website* purposes
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I hereby certify that I am 18 year	of age or over, and I have read the contents of the above release. I give this
consent voluntarily. I amacistana	The differ to be bound by its content.
Signature	Witness
Print Name	Drint Namo
Fillt Name	Fillit Name
Date	Date
B. To be signed by parent or lega	guardian of individuals under age of eighteen (18).
applies and for whom I am giving	his consent. I have legal authority to represent and bind the individual named
understand and agree to be bour	by its content.
Signature	Witness
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Date	Date

