

## PHOTOGRAPHY PERMISSION FORM

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Name: \_\_\_\_\_\_

I permit DCMGA to use visual reproductions of me/my relative in

publications, on the Website and on publicity material.

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

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

(Must be signed by parent/guardian if child is under 16 years old)

Address:\_\_\_\_\_

\_\_\_\_\_

Location	
Photographer	