



## PHOTO RELEASE FORM

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\_\_\_\_\_ [Child] grant Montessori Post and The Center for  
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Furthermore, I understand that no royalty, fee or other compensation shall become  
payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

