

TROY FAMILY DENTAL
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I HAVE READ AND UNDERSTAND THE ABOVE PHOTO AND MEDIA RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OR AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY SIGNATURE BELOW.

Print name

Signature

Date

- ACCEPT – EXPIRES ONE YEAR FROM DATE ABOVE**
- DECLINE**

If under 18 years:

Parent/Guardian Signature

Date