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**REASON FOR SHOOT:**

|  |  |
| --- | --- |
| Name: | Signature: |
| Date: | Tel: |
| Email: | Over 18: Yes/No |

**If under 18 signature of parent/guardian required**

|  |  |
| --- | --- |
| Full name of parent/guardian: | Signature: |
| Date: | Tel: |

**STAFF USE ONLY**

|  |  |
| --- | --- |
| Photographer name |  |