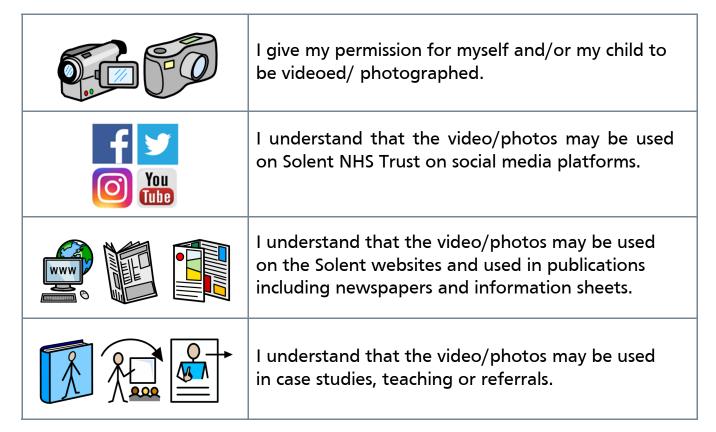


## **Video/Photo Consent Form**





$\frac{4}{}$	Name:
	Signature:
	Date:
	Contact number:
@	Email address:

