



Lutheran Women's Missionary League–Canada Inc. ABC District

PHOTO/VIDEO CONSENT FORM

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I further consent to the use of my name in connection with the photograph(s)/video(s) if needed by Lutheran Women's Missionary League–Canada Inc. ABC District and/or parties designated by the Lutheran Women's Missionary League–Canada Inc. ABC District.

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I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

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\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Date