



PHOTO RELEASE

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Dublin, Virginia

I consent to and authorize the use and reproduction by NRCC of the photograph made of me, which is described below. I realize the photograph is sole property of NRCC and release NRCC of all liability concerning its use.

Photo Description: _____

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Person's Name: (please print) _____

Telephone or e-mail address: _____

Signature: _____

Photographer: _____



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