SLNC HISTORY COLLECTIVE MODEL RELEASE FORM

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I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

MODEL'S SIGNATURE		
DATE	MODEL'S NAME (print)	
MODEL'S ADI	DRESS	
MODEL'S PHO	ONE/E-MAIL ADDRESS	
WITNESS' SIG	GNATURE	
WITNESS' NA	ME (print)	