

Photo Release

Reference: (insert each photo file name(s) – i.e. my_photo.jpg)

Photographer Name: _____

Photographer Address _____

City _____ State _____ Zip _____

Phone number _____

Photo description(s) such as: St. Elsewhere Hospital ED, St. Elsewhere, NY. June 15, 2015

RELEASE: I hereby grant this license for use of the above photo(s) to Stephen A. Frew, his heirs and successors in interest upon the following terms and conditions:

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Signature

Date