



CHICAGO BOTANIC GARDEN

Digital Photo Contest(s) Model Release

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Print Name: _____

Address: _____

E-mail: _____

Telephone: _____

Signature: _____

Date: _____

If model is under 18 years of age: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Address: _____

E-mail: _____

Telephone: _____

Signature: _____

Date: _____