

Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) Photo Release Form

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Photo Release

I hereby agree to allow my image to be used as set out above and confirm I have sought permission for the same from all recognizable subjects in the photo.

Name: _____

Description of image: _____

Signature _____ Date _____

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Signatures/release of photo subjects (Use reverse if necessary)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____