

2019 YANKEE FARM CREDIT, CALENDAR SUBMISSION

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City, State, Zip:	
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WHO IS IN THE PHOTO:

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NAME OF PHOTOGRAPHER:

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WHERE WAS THE PHOTO TAKEN:

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SHORT DESCRIPTION OF PHOTO:

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YANKEE FARM CREDIT, ACA PHOTO RELEASE FORM

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I understand and agree that all photos will become the property of the Yankee Farm Credit, ACA and will not be returned.

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I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:

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Signature

Date

If under 18, PARENT MUST SIGN

Individually and as Parent and/
Legal Guardian

Date