

Associates in Women's Health of the Mahoning Valley, Inc.

CONTEST TERMS AND CONDITIONS

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I understand and agree that all photos will become the property of the Associate's in Women's Health of the Mahoning Valley 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 PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

FOR FURTHER INFORMATION CONTACT:

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