

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 hereby hold harmless, release, and forever discharge the Associate's in Women's Health of the Mahoning Valley from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

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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