



PHOTO RELEASE

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I acknowledge that since my participation with Tierney Orthotics and Prosthetics is voluntary, I will receive no financial compensation.

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I hereby hold harmless and release and forever discharge Tierney Orthotics and Prosthetics 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.

Child Printed Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____