

## WENDELL FALLS

## MEDIA AUTHORIZATION AND PUBLICITY RELEASE

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I waive any right to inspect or approve MEDIA or any publication or medium incorporating the MEDIA, including a written copy that may be created and appear in connection therewith. I acknowledge that I will not receive any compensation in connection with the MEDIA and I waive any right to compensation arising or related to the use of MEDIA.

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I agree that this RELEASE shall be binding on me, my legal representatives, heirs, and assigns. I have read the above RELEASE prior to ascribing my signature below and I fully understand the contents, meaning and impact of this RELEASE. I have full rights to contract in my own name with respect to the matters herein.

[SIGNATURE ON FOLLOWING PAGE]

Rev. 12/2016



## **MODEL:**

SIGNATURE		
Print Name:		
Address:		
City:	State:	
Zip Code:	Dhana	
E-Mail Address:		
WITNESSED BY:		
1		
SIGNATURE		
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