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## **Photograph Release Form**

I do hereby confirm the consent to O & P In Motion, Inc./Cranial Kidz™ to photograph \_\_\_\_\_ and grant permission for the use of such photographs, in the presentation of medical information by O & P In Motion, Inc./Cranial Kidz™. These photographs can also be used for publication such as Facebook.

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Parent Name (print)

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Signed/Date