

Carolina C.H.A.O.S. AAU Basketball

Photo Release Waiver

Authorization and Release

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I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor child(ren).

Print: _____

Signature: _____

Date: _____

Name of Minor/s: _____

