

RELEASE FORM

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On my own behalf, and on the behalf of my heirs, next of kin, executors, administrators, successors, and assigns, I hereby release the West Virginia WIC Program, its employees, the director and all their agents from any and all claim, liability and damages arising out of the rights granted hereunder, or the exercise thereof.

Photo Subject(s) Name(s):

Subject Parent/Guardian Name (if applicable):

Subject or Parent/Guardian Signature(if applicable):

I am over 18 years of age. Yes _____ No _____

Address: _____

Telephone Number: _____

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