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Name of Subject

for any purpose or purposes it may deem proper, including, but not limited to educational, clinical, and scientific purposes, as well as publicity.

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| Name (print) |
|  |
| Signature |
|  |
| Address |
|  |
| Date |
| Parent's/Guardian's Signature (required if subject is under 21 years of age) |

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| Description of Subject and Location: |  |
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