



Jewish Federation
OF THE LEHIGH VALLEY

THE **STRENGTH** OF A PEOPLE.
THE **POWER** OF COMMUNITY.

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PHOTO/VIDEO RELEASE FORM

Photographs/video taken on _____ at _____
Date Location

I, _____, grant you,
Name

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- The photographs/video may be used to represent an imaginary person and any wording associated will not be attributed to me unless my name is specifically mentioned.

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