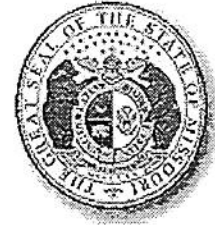




## Video/Audio/Photograph Release Form

I give my permission to be photographed and/or videotaped by the Missouri Department of Health and Senior Services.



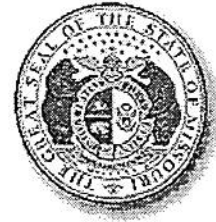
\_\_\_\_\_  
Signature

\_\_\_\_\_  
date



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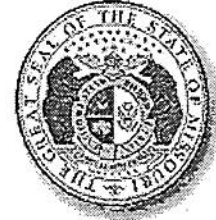
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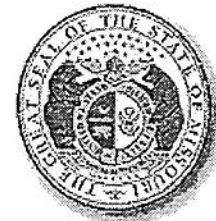
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Signature

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