

# American Osteopathic Association (AOA) Patient-Model Release Form

## American Osteopathic Association

*The Journal of the American Osteopathic Association (JAOA)*

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<b>Patient-model's signature</b>	<b>Print full name</b>	<b>Date</b>
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*For minors only:*

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<i>Signature of patient-model's parent or legal guardian</i>	<i>Print full name</i>	<i>Date</i>
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<b>Witness' signature</b>	<b>Print full name</b>	<b>Date</b>
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<b>Photographer's signature</b>	<b>Print full name</b>	<b>Date</b>
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Note to JAOA authors: If you are not the photographer, please write your full name and paper title at the top of this sheet before submitting this form.