Angela C. Canfield, D.D.S. P.O. Box 2208 5871 Highway 21, South Rincon, Georgia 31326 912 826-4037

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I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature	
Printed Name	
Date	
If the person signing is under age 21, there must be consent by a parent or gua as follows:	rdian,
I hereby certify that I am the parent or guardian of	,
named above, and do hereby give my consent without reservation to the forego on behalf of this person.	ing
Parent/Guardian's Signature:	
Parent/Guardian's Printed Name:	
Date:	