



## HEMOPHILIA ASSOCIATION OF NEW JERSEY

197 Route 18 South  
Suite 206 North, East Brunswick, NJ 08816  
Tel: 732-249-6000 • Fax: 732-249-7999  
Web: [www.hanj.org](http://www.hanj.org) Email: [hemnj@comcast.net](mailto:hemnj@comcast.net)

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If the person signing is under the age of consent, then this release must be signed by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)