## INDIVIDUAL RELEASE FORM

Name of Depicted Person: SOMAVA GANGULY

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Name of Project/Course: ML 24/25-01 Investigate Image Reconstruction by using Classifiers

Date: 29/03/2025

I represent that I am at least eighteen years of age, am competent and have authority to execute this release.

	Somava	Ganguly		
Signature:				
			Date	: <u>29/03/2025</u>

Name: <u>SOMAVA GANGULY</u> Email: <u>somava.ganguly@stud.fra-uas.de</u>

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