



Columbia Historical Society ♦ P.O. Box 983 ♦ Columbia Station, Ohio 44028
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Columbia Historical Society Photograph Adult Release Form

I, the adult listed below, agree to allow myself to be photographed by Columbia Historical Society

on _____ (Date) at _____ (Location).

I understand and consent to the use and release of my likeness by the Columbia Historical Society.

I understand that the information and photograph is for the public non-profit use of the Columbia Historical Society.

I understand that the photograph will not be sold and my name and image will not be used for any other non-Columbia Historical Society purpose.

I relinquish any rights to the photograph and understand the photograph may be copied and used by the Columbia Historical Society in any format without further permission.

I waive any right to inspect and/or approve the photograph.

I have obtained all necessary permissions and rights to use my photograph and likeness.

Adult Printed Name: _____

Adult Recipient Signature: _____

Date: _____

Columbia Historical Society Board Member Printed Name: _____

Columbia Historical Society Board Member Signature: _____

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