



Columbia Historical Society Photograph Parent/Guardian Release Form

I, *Parent/Guardian* of the *Minor* listed below, agree to allow my minor to be photographed by Columbia Historical Society
on _____ (*Date*) at _____ (*Location*).

I understand and consent to the use and release of my minor's 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 minor's 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 minor's photograph and likeness.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Minor Printed Name: _____

Date: _____

Columbia Historical Society Board Member Printed Name: _____

Columbia Historical Society Board Member Signature: _____

Date: _____

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Please mail or fax this completed form to:

Columbia Historical Society; Attn: Donations; P.O. Box 983; Columbia Station, OH 44028

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