

TELEPHONE NUMBER



PARENT/LEGAL GUARDIAN Release Form

I am the parent or legal guardian of	, who appears in a photograph
video or audio recording that is being submitte	ed to the Smithsonian's Museum on Main Street website
[http://www.museumonmainstreet.org] for po	ossible publication and use. I hereby irrevocably give the
•	thsonian, permission to use that photograph, video, or
•	motional, or other standard museum purpose, in any
· · · · · · · · · · · · · · · · · · ·	t compensation to me or my child. I waive any privacy
•	ne photograph, video, or recording of my child. The
,	r use the photograph, video, or recording of my child.
ominional is under no obligation to retain of	ase the photograph, video, or recording or my crima.
Please select ONE of the options below:	
If appropriate and feasible. I would like	my or my child's name to be included in the credit line of
	or audio recording(s). Requested credit line:
-OR-	
photograph(s), video(s), or audio record	to be included in the credit line of the submitted
photograph(s), video(s), or addio recon-	ung(s).
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NAME OF PARENT OR LEGAL GUARDIAN	DATE
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CICALATURE OF BAREAT OR LEGAL	DATE
SIGNATURE OF PARENT OR LEGAL	DATE
GUARDIAN	
ADDRESS	

EMAIL ADDRESS





Media Release

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	e select ONE of the options below:	
	If appropriate and feasible, I would like r credit line of the submitted photograph(ny name (as it appears below) to be included in the s), video(s), or audio recording(s).
-OR-		
	I do NOT want my name to be included in the credit line of the submitted photograph(s), video(s), or audio recording(s).	
AGRE	ED	
PRINT	NAME	DATE
PRINT		DATE

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