

Photo/Image Usage Release

I authorize the **Richland County Public Library** to use my photo, image and name—or that of my child, if applicable— in any promotional materials, both in print and online. I understand that no payment is due to me for such usage.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

IF UNDER 18: Parent's Name: _____

Parent's Signature: _____ Date: _____

Richland County Public Library • Columbia, SC

9/2005

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