



HISTORY *Colorado*

EDUCATION *and* PUBLIC PROGRAMS

Photo Release Form

I, the undersigned, give History Colorado permission to photograph my child, _____
(Full Name)

_____. I understand that the photographs and/or video taken may be used for publication and advertising for History Colorado, and not for any other purpose. Such publication and advertising may be in printed form or electronic media.

Dated: _____

Signed: _____



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