

Media Release Form

Defiance Public Library System

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I represent and warrant that I am over the age of eighteen (18) years, that I can read, write, and understand the English language, that I am of sound mind, and that I am acting by my own free will.

I **ALLOW** THE INCLUSION OF **FIRST NAME ONLY** PLEASE **DO NOT** IDENTIFY BY NAME.

Event Name: _____ Date: _____

Location of Photo/Recording: Defiance Public Library _____

Name(s) (please print): _____

E-Mail: _____ Phone: _____

Quotation to be Used:

For persons under age 18, the permission of a parent or guardian is required.

SIGNATURE _____

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