

C THE NATIONAL CIVIL WAR M U S E U M*

IN ASSOCIATION WITH THE SMITHSONIAN INSTITUTION

PHOTO RELEASE FORM

I, _____ (print name), give permission to The National Civil War Museum to use photographs, quotes and/or video footage of myself/my child (or children) solely for the purpose of promoting The National Civil War Museum and/or any of its programs. The photographs may be used in any print media such as newspapers, brochures, newsletters and annual reports, in broadcast media (television, radio), in videos or for other promotional material for the clear purpose of promoting The National Civil War Museum.

I understand that I will not be receiving payment for the use of my photograph, quotes, or video footage.

Date

Name(s) of subject(s)

Signature of subject, parent or guardian

Address

Telephone Number

717.260.1861 • 866.BLU.GRAY • 717.260.9599
One Lincoln Circle at Reservoir Park • Harrisburg, Pennsylvania 17103