

# *The State Historical Society of Missouri*

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## **Still Photograph Consent Form**

Subject: \_\_\_\_\_(please print clearly)

Location: \_\_\_\_\_

I grant to The State Historical Society of Missouri, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize The State Historical Society of Missouri, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The State Historical Society of Missouri may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)