

**Artist Release Form
Bedford Public Library
Card Design**

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I hereby waive my right to inspect or approve any advertising copy that is used in connection with the photograph/artwork for promotion of the Library Card Design program.

I understand that my submission will not be returned. I have read the rules and fully understand them.

Signature: _____

Printed Name: _____

Date: _____

Complete Address:

Email: _____

Phone: _____

Complete if artist/photographer under 18 years of age:

Printed Name: _____

Age: _____

School: _____

Parent Signature: _____