



CEDAREGE CRAWFORD  
DELTA HOTCHKISS PAONIA

**PERMISSION AND RELEASE FORM**

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Description of Subject Matter: \_\_\_\_\_

DCL Contact: \_\_\_\_\_

**(Please see reverse side for Terms and Definitions used on this form.)**

By signing below, Contributor indicates agreement to the Terms on the reverse side of this form:

Date: \_\_\_\_\_

Contributor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If applicable – where participant is a Minor:**

Date: \_\_\_\_\_

Printed Name of Minor: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

149 EAST MAIN STREET, HOTCHKISS, COLORADO  
P.O. BOX 858, DELTA, CO 81416  
970.872.4204 www.deltalibraries.org

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