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**Photographic and Document Use Agreement Form for
Lake Placid Olympic Museum**

Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

Use: _____
(please specify Personal, Non-Profit or Commercial use)

Research: _____
(please specify topic and purpose)

Date and time of Visit: _____
(if on property)

Photographs or Documents Requested (fully describe)

Signature: _____ Date: _____
(signature above indicates agreement to conditions, credits and fees specified)

Approved by: _____ Date: _____
(For Lake Placid Olympic Museum)