

Photo Release Form

I _____ am 18 years or older.
(Print First and Last Name)

I _____ am the parent or guardian of _____
(Print First and Last Name) (Print First and Last Name)

I understand the Marion Public Library (City of Marion) may photograph or video record the events or activity in which I/my child am/is participating for the purpose of promoting the Marion Public Library and its services/programs. No compensation of any kind will be paid at this time or in the future for the use of my likeness.

By signing this form, I give my permission for the Marion Public Library to photograph and/or video record me/my child.

Signature: _____ Date: _____

