



Permission to Film and/or Photograph

I _____ am 18 years or older.
(name, please print)

I _____ am the parent or guardian of: _____
(name, please print) (minor's name, please print)

I understand the Marion Public Library (City of Marion) may photograph or video 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.

_____ YES, I give my permission for the Marion Public Library to film and/or photograph me/my child.

Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ **OR** Email: _____