Photo Release & Permission Form

I hereby grant permission to the Williams County Public Library to use photographs and or video taken for use in public relations, educational, or other purposes in publications, print or electronic format online and in other communications related to the mission of the Williams County Public Library.

I understand that my child’s picture, name and/or age only may appear in such publicity material.

Full Name (print): ____________________________________________________________
Signature: __________________________________________________________________
Date: ______________________________________________________________________
Name of Parent/Guardian: _____________________________________________________
Relation: ___________________________________________________________________
If subject is less than 18 years of age, parent/guardian signature is required.
Address: ____________________________________________________________________
City, State, Zip Code: ____________________________________________________________________
Phone: ______________________________________________________________________