

# Permission to Record

I \_\_\_\_\_ am 18 years or older.

(Name, please print)

I \_\_\_\_\_ am the parent

(Name, please print)

or legal guardian of \_\_\_\_\_ .  
(Name, age)

I understand that the Waupaca Area Public Library may photograph, videotape or sound record the events or activity in which I am (or my child is) participating. I give my permission for the Library to use photographs, videotapes or sound recordings of me (or my child) for the purpose of promoting the Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child) likeness. Permission to record is not required to take part in Library events.

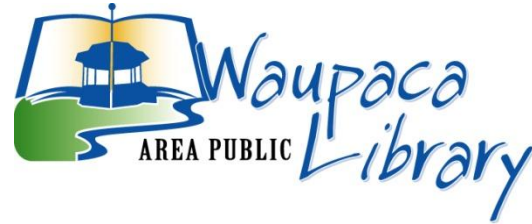
\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
Phone

Parent/Guardian Permission to Record covers children until age 18.



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