



Place corresponding photo label

PERMISSION TO VIDEOTAPE AND/OR PHOTOGRAPH

I _____ am the parent or legal guardian of _____.
Name, please print *Name, age*

I understand the Metropolitan Library System may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the MLS to use photographs or videotape of me (or my child) for the purpose of promoting the Metropolitan Library System 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's) likeness.

Permission is not required to take part in library events.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____



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