

# PARENTAL PERMISSION WAIVER

## TEEN LIBRARY VOLUNTEER (17 Years & Younger)

DATE: \_\_\_\_\_

VOLUNTEER NAME: \_\_\_\_\_

LIBRARY LOCATION(S): \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION FOR MY CHILD  
PARENT / LEGAL GUARDIAN

OR LEGAL CHARGE \_\_\_\_\_, TO VOLUNTEER  
CHILD / LEGAL CHARGE FULL

WITH THE METROPOLITAN LIBRARY SYSTEM.

Photograph(s), audio, or video(s) of my child/legal charge (circle one) may be used by the Metropolitan Library System of Oklahoma County for publicity purposes in newspaper/TV/radio ads & on the MLS website. I understand THE MLS will identify my child/charge by first name only, and no other information will be released to the media or published in any internal publication without authorization from me.

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please FAX to 405-606-3735, e-mail to [volservices@metrolibrary.org](mailto:volservices@metrolibrary.org) or take to your library supervisor.