

# ALGOMA PUBLIC LIBRARY

## Permission to Record

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

I \_\_\_\_\_ am the parent or legal  
guardian of \_\_\_\_\_  
(Name, age).

I understand that the Algoma Public Library may photograph, videotape or sound record the events or activity in which I am (or my child) is participating. Photographs, videotapes or sound recordings of me (or my child) may be used for the purpose of promoting the Algoma Public Library and its services/programs. I understand that 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.

Please sign and return this form to the Algoma Public Library **ONLY** if you **DO NOT** want yourself or your child to be photographed, videotaped or sound recorded. If you do not return this form to the Algoma Public Library, we will assume that you give permission for yourself or your child to be recorded.

Permission to record is not required to take part in library events.

Signature or Parent/Guardian Signature

Date

Address, City, Zip

Phone

Parent/Guardian Permission to Record covers children until age 18