



## Bloomfield Eastern Green County Public Library

### Photo Release Form

#### Adult

I, \_\_\_\_\_ give my permission for the Bloomfield Eastern Green County Public Library to use my photo in any future publicity, including public newspapers, newsletters, videos, or websites.

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

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Child (under the age of 18)

I, \_\_\_\_\_ give my permission for the Bloomfield Eastern Green County Public Library to use my child's \_\_\_\_\_ (name of child) photo in any future publicity, including public newspapers, newsletters, videos, or websites.

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

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to child \_\_\_\_\_