

Photo Release Form

I, _____ consent to and authorize the use and reproduction of photographs and/or audiovisual materials of my daughter, son, or other minor in my care by the Julia L. Butterfield Memorial Library for use in publicity material, whether print or electronic format (brochures, newspapers, website, social media, etc.).

I understand that my child's picture, first name and/or age only may appear in such publicity material.

Signature _____

Date _____

Names and ages of minors:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____