

Photo Release Form

High Point Public Library

I _____ the parent or guardian of _____ give 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 High Point Public Library for use in publicity material, whether print or electronic format (Brochures, Newspapers, Website, Facebook, etc). I understand that my child's picture, name and/or age may appear in such publicity material.

Parent /Guardian Name _____ Date _____

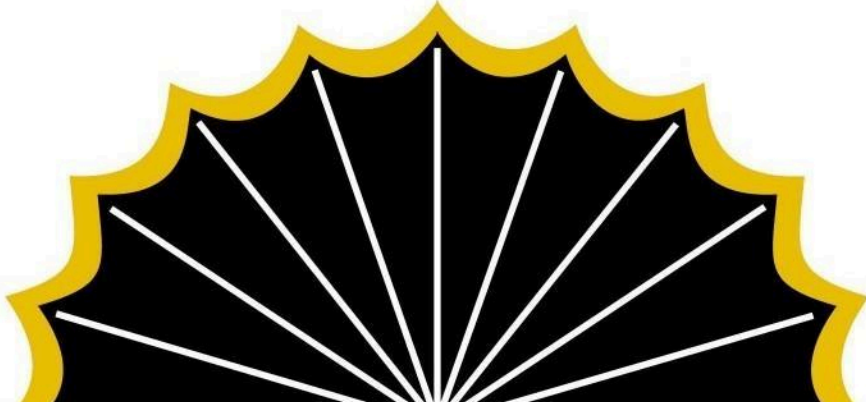
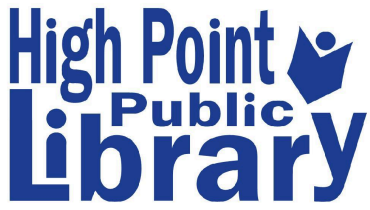
Parent /Guardian Signature _____ Date _____

Names and ages of minors:

Phone
336.883-3667

FAX
336.883.3284

Email
Sarah.nareau@highpointnc.gov



Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

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