

PHOTO RELEASE FORM

Effective: April 18, 2006

Expiry Date of photograph _____

Trail & District Public Library

Photo Release Form

I hereby authorize the Trail & District Public Library to utilize the photograph(s) of myself and/or my child for public view which may be included in Library publications, website or promotion for a period of up to 18 months. I acknowledge the Library's right to crop or treat the photograph(s) at its discretion. I agree I will not be compensated financially for its use.

Name of person to be photographed: _____

Signature of person, parent or guardian: _____

Date Signed: _____

Contact information:

Address:

Telephone number:

E-mail address:

