

Appendix E: Photo Release Form

<p>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.</p>	
Expiry date of photograph:	
Name of person to be photographed:	
Signature of person, parent, or guardian:	
Date signed:	
Contact Information	
Address:	
Telephone:	
Email:	

Approved: April 18, 2006