

# Photo Release Form

Catskill Library & Palenville Branch Library

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 Catskill Library and the Palenville Branch 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 only may appear in such publicity material.

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

## Names and ages of minors:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_