**Last Name, First Name Age**

**TOWN OF GAINESVILLE PUBLIC LIBRARY PHOTOGRAPH RELEASE FORM**

The Town of Gainesville Public Library requests your permission to use photographs taken at the Town of Gainesville Public Library, in the Library facility or on the outside grounds for use on the Library Website, Library Facebook page, or in other Library promotion. Please fill out this form allowing permission for the image of your child to be used; specify if name to be withheld.

 \_\_\_\_\_\_\_\_\_\_YES, I grant full permission for image and name to be used.

 \_\_\_\_\_\_\_\_\_\_NO I do not grant permission for my child’s name to be used.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to be filed at the Town of Gainesville Public Library. This form may be changed by the parent/ guardian at any time.

Adopted by the Board of Trustees: March 25, 2024