



2016 Adult Summer Library Program Registration



Name: _____

Address: _____

Phone: _____



Permission to Videotape and/or Photograph

I _____ am 18 years or older. (Name, please print)

I understand the Greenwood-Leflore Public Libraries may photograph or videotape the events or activity in which I am participating. I give my permission for the Library to use photographs or videotape of me for the purpose of promoting the Greenwood-Leflore Public Library System and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

Permission is not required to take part in library events.

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____