



## 2016 Teen Summer Library Program Registration



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade Completed in May: \_\_\_\_\_



## Permission to Videotape and/or Photograph

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

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_.

(Name, please print)

(Name, age)

I understand the Greenwood-Leflore Public Libraries may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the Library to use photographs or videotape of me (or my child) 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 (or my child) at this time or in the future for the use of my (or my child's) likeness.

*Permission is not required to take part in library events.*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_