



Patricia Hallinan – Library Director

JOHN C. HART MEMORIAL LIBRARY

John C. Hart Memorial Library

Photo Release Form

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 John C. Hart Memorial 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 _____ |