

Minor Photography & Media Release Consent Form

Library Name: W.H. Walters Free Public Library

Event/Program: _____

Date: _____

I hereby grant permission to the W.H. Walters Free Public Library to photograph and/or record my child:

Child's Name: _____

I authorize the Library to use photographs and/or recordings for:

- ☐ Library website
- ☐ Social media
- ☐ Print publications
- ☐ News media
- ☐ Promotional materials

I understand:

- No compensation will be provided.
- Images may be used in print and digital formats.
- Consent may be revoked in writing for future use.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone Number/Email Address: _____