



PERMISSION to videotape / photograph

I, _____ am the parent
or legal guardian of the following children:

_____, who is _____ years old

_____, who is _____ years old

_____, who is _____ years old

_____, who is _____ years old

I have listed more children and their ages on the reverse.

I understand that Lake County Libraries may photograph or videotape the 2023 Summer Reading Program events or activities in which I or my child will be participating.

I give my permission for Lake County Libraries to use photographs or video recordings of me or my child for the purposes of promoting Lake County Libraries and its services and programs with the understanding that 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.

I DO NOT give permission for Lake County Libraries to use photographs or video recordings of me or my child for the purposes of promoting Lake County Libraries and its services and programs.

Parent/Guardian Signature

Date

Phone number

Email