



Photo/Video Release Form for Minors (Under 18)

The **Wayland Free Public Library** has my permission to publish my or my child's photograph or video in the media or online to promote the library.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name (Print): _____

Child's Name: _____

Telephone/Email _____

Photo/Video Release for Adults

The **Wayland Free Public Library** has my permission to publish photograph or video in the media or online to promote the library.

Signature: _____ Date _____

Name (Print): _____

Telephone/Email _____
