

2017 Summer Library Program Build a Better World Registration

Name:
Address:
Phone:
Age:
School: Grade in September:
Circle One: Independent Reader Family Reader
Completed Program:

MOYEN KIBIKOPIN

Permission to Videotape and/or Photograph

I	am 18 years old or older.
(Name, please print)	
Ι	am the parent or legal guardian of
(Name, please print)	(Name, age)
which I am (or my child is) par eotape of me (or my child) for vices/programs. I give my perm will be paid to me (or my child	may photograph or videotape the events or activities in rticipating. I give my permission for the City to use photographs or vidthe purpose of promoting the City of and its sernission with the following understanding: No compensation of any kind) at this time or in the future for the use of my (or my child's) likeness. ission is not required to take part in city events.
Signature:	Date:
Address:	
City, Zip:	
Phone:	