



Pasquotank County Library

Your source for Information, Education and Entertainment

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MEDIA RELEASE FORM

Authorization for Use of Photographs, Videotape or Film

Throughout the year, the Pasquotank County Library will photograph or video tape the programs that they sponsor. We would like to use your photograph and/or name.

I hereby give my consent to the Pasquotank County Library to use my photograph for a variety of publications, such as in community newspapers, the library's newsletter, brochures, Internet publications or other similar publications.

I further consent that the Pasquotank County Library may use one of the following versions of my name in a variety of publications, such as in community newspapers, the library's newsletter, brochures, Internet publications, or other similar publications.

Full Name

First Initial and Last Name

Initials Only

I have read the foregoing release, authorization and agreement before signing below and I fully understand the contents thereof.

Date: _____

Name: _____

Name of Parent or Guardian: _____

Signature: _____

Parents Signature if Minor: _____

