



Photo Release Form

I hereby give permission for photographs taken of my child/children at the Stowe Free Library, or activity sponsored by the Stowe Free Library, to be used by the Library in it's publications, press releases, display cases, and web site to document and promote the value and use of the library products and services.

Date:

Name:

Address:

Phone:

Names of Children
Under the Age of 16:

Please Check Option:

May be identified by FULL name

May be identified by First name ONLY

May NOT be identified by name

Signature of parent or
Guardian: