APPENDIX A STANDARD PHOTO RELEASE FORM

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I hereby consent t	that any photographs or video recordings taken of:	
me 🔲:		
	[please print your name]	
OR		
my child(ren) □:		
	[please print child(ren)'s name(s) – if under 19 parent or legal guardian must consent below]	
at	[location] on [date], for	
	[event],	
may be used to promote or report on the New Brunswick Public Library Service (NBPLS), the New Brunswick Public Libraries Foundation (NBPLF), or [name of sponsor or partner if applicable].		
During this event, names will / will not be used to identify photographs or video recordings [staff should check whichever box applies]. For children under 19, only the child's first name and age will be used as identification.		
The photographs or video recordings may be used for purposes such as:		
• pos	ess releases, newsletters, or reports; sting on the websites of NBPLS, the library, NBPLF, or [name of sponsor partner if applicable]; sting on social media sites such as Facebook;	
posinc	esting on community oriented social media websites such as NouZie; clusion in the library's scrapbook or photo album; splays.	
Please note: A person whose image appears in a photograph taken during this event may request access to the photograph during the time it is held by NBPLS, and NBPLS will make every reasonable effort to provide access to the requested photograph.		
Signature (Parent/Legal Guardian must sign if person is under 19 years of age)		
Mailing Address		
Telephone (home)	Telephone (work) Email address	