

Photo Release Form

Standard Photo Release Form

I hereby give my consent for the Southwick Public Library to use my photograph and likeness to be used in library publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children (if applicable) and myself and attest that I am the parent or legal guardian of the children listed below (if applicable).

Name of individual and/or parent/guardian: _____ Date: _____

Signature: _____

Library: _____

Names and ages of Minor Children (if applicable):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Approved by the Southwick Public Library Board of Trustees November 14, 2023