

MONROE TOWNSHIP PUBLIC LIBRARY  
PERMISSION TO VIDEO RECORD AND/OR PHOTOGRAPH



I \_\_\_\_\_ am 18 years old or older, and/or the parent or legal guardian.  
(Name, please print)

of \_\_\_\_\_  
(Name, age)

I understand the Monroe Township Library ("Library") may photograph or video record the events or activity in which I am (or my child is) participating. I give my permission for the Library to use photographs or video recording of me (or my child) for public information and instructional purposes including, but not limited to, promoting the Library and its services/programs. I give my permission with the following understanding: no compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

I also GRANT \_\_\_\_\_ DENY \_\_\_\_\_ (check one) permission for the Library to post photographs or video recording of my child and other personally identifiable information on the Library's website and social media.

I understand that there are potential dangers arising out of such use of my child's image on the Internet.

**Permission is not required to take part in Monroe Township Library events.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_