



Photo, Video & Audio Release Form

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Signature: _____

Printed Name: _____

Date: _____

For persons under the age of 18, the permission of a parent, guardian or caregiver is required.

I, _____ hereby represent that I am the parent, guardian or caregiver and grant permission to the Novi Public Library to use, reproduce and publish photographs and video/audio recordings of my child, and to use the name of my child, as outlined above.

Name of Child Under 18: _____

Signature of Parent/Guardian/Caregiver: _____

Printed Name of Parent/Guardian/Caregiver: _____

Date: _____