

# PUEBLO OF ISLETA PUBLIC LIBRARY

## Permission to Videotape and/or Photograph



I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_

Guardian's Name, please print

Child's Name, please print

I understand the Pueblo of Isleta Public Library may photograph or videotape the events of activity in which my child is participating in. I give my permission for the Pueblo of Isleta Public Library to use photographs or videotapes of my child for the purpose of promoting the Pueblo of Isleta Public 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.

*Permission is not required to take part in the Pueblo of Isleta Public Library events.*

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

---