

PASQUOTANK-CAMDEN LIBRARY
100 EAST COLONIAL AVENUE
ELIZABETH CITY, NORTH CAROLINA
252-335-2473

MEDIA RELEASE FORM

Authorization for Release of Photographs, Videotape or Film

Throughout the year, the Pasquotank-Camden Library will photograph or video tape the programs that they sponsor. We would like to use your photograph and/or name.

- I hereby give my consent to the Pasquotank-Camden Library to use my photograph for a variety of publications, such as in community newspapers, the library's newsletter, brochures, Internet publications or other similar publications.

I further consent that the Pasquotank-Camden Library may use one of the following versions of my name in a variety of publications, such as in community newspapers, the library's newsletter, brochures, Internet publications, or other similar publications.

- Full Name
- First Initial and Last Name
- Initials Only

I have read the foregoing release, authorization and agreement before signing below and I fully understand the contents thereof.

Name _____

Name of Parent or Guardian _____

Date _____

Signature _____

Parents Signature if Minor _____