

## Butler Public Library Photo/Image Release Form

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I give unrestricted permission for my child(ren)'s image to be used, reproduced, and/or published in print, digital, and social media. I agree that these images may be used, reproduced, and/or published by the Butler Public Library for a variety of purposes and that these mages may be used, reproduced, and/or published without further notifying me. I do understand that the child(ren) will not be identified in conjunction with any images.

I also attest I am the parent or legal guardian of the child(ren) listed below.

Parent/Guardian Signature:	Date:
Names and Ages of Minor Child(ren):	
Name:	Age: