



## **Hubbard Public Library**

### **Permission to Videotape and/or Photograph**

I \_\_\_\_\_ am the parent or legal guardian of (please list child's/children's name & age.)

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I understand the city of Hubbard may photograph or videotape the events or activities in which I am (or my child) is participating. I give my permission for the city of Hubbard to use photographs or videotapes of me (or my child) for the purpose of promoting the city of Hubbard 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.

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

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

Address:

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Photos may be used in local newspapers and/or on the Hubbard Public Library Facebook page.**