



Summer Reading Program Registration Form 2018

Participant Name: _____

Parent / Guardian Name: _____

Address: _____

Phone: _____

Age: _____ Grade in September: _____

School: _____



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Voluntary Permission to Videotape and/or Photograph

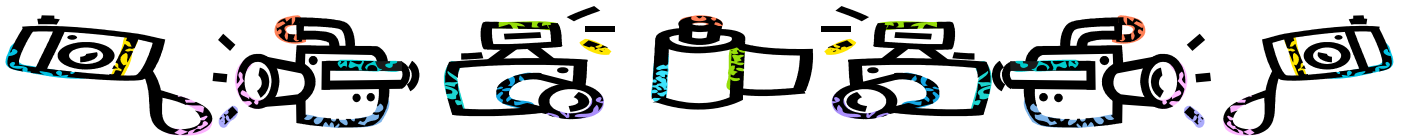
I _____ am 18 years or older.
(First and Last name, please print)

I _____ am the parent/legal guardian of _____
(First and Last name, please print) (Name, Age)

I understand the Town of Edgewood and/or local media representatives may photograph or videotape the events or activity I am (or my child is) participating. I give my permission for the Town of Edgewood to use photographs and/or videotape of me (or my child) for the purpose of promoting the Edgewood Community 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 Edgewood Community Library events/programs.

Signature: _____ Date: _____



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