

2019 Summer Reading Program "A Universe of Stories"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Text me about upcoming events my carrier is \_\_\_\_\_

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

Email me about upcoming events

Permission to Videotape and/or Photograph

I \_\_\_\_\_ (**Name, please print**) understand that the City of Van Buren, The Current Local or the Public Library may photograph or videotape the events or activity in which I am participating. I give my permission for the City, Newspaper, or Library to use photographs or videotape of me for the purpose of promoting the City of Van Buren or the Carter County Public Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

*Permission is not required to take part in the events.*

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

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

Completed Program:  Yes  No