



Bonfield Public Library

365 HIGHWAY 531

BONFIELD ONTARIO P0H 1E0

TELEPHONE (705) 776-2396 FAX (705) 776-1154

bonfieldlibrary@gmail.com

<http://www.olsn.ca/bonfield>

BONFIELD PUBLIC LIBRARY PHOTO RELEASE FORM

I, (print name) _____

Give the Bonfield Public Library the absolute right and permission to use photograph(s) of me, my family, my children and or my property in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. DVD, video, Internet) or other form of promotion or information, I release the Bonfield Public Library, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

Print Name: _____

Signature for release: _____

Address: _____

Telephone: _____ Email: _____

Date: _____

For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form.

I hereby grant permission to the Bonfield Public Library to use the photograph of my child as outlined above.

NAME OF CHILD UNDER 18: _____

Please identify by first name only

Please do not identify by name

Signature of parent or guardian: _____

Date: _____

@your library™