



## **Estherville Public Library**

### **PHOTO RELEASE FORM**

I hereby grant permission to the Estherville Public Library to use photographs and/or video of me (and/or my minor child) taken from today's date forward in publications, news releases, online, and in other communications related to the mission of the Estherville Public Library.

Such consent is valid until/unless revoked in writing and delivered to the Estherville Public Library.

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(Signature of Adult, or Guardian of Children under age 18)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**