

Permission to Photograph and/ Or Videotape

I, _____ am the parent or legal guardian of _____. I understand that the City of Riceville may photograph or videotape the events and activities in which I or my child is participating. I give my permission for the city to use photographs or video of me or my child for the purpose of promoting the City of Riceville and its services and programs.

Such as: (Please Initial the following)

_____ Newspaper _____ Riceville Public Library's Facebook page
_____ Riceville Public Library's Website

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.
Valid Through June 2027

Signature: _____ Date: _____

Emergency Contact Form

Child's Name: _____

Phone/Address: _____

Primary Emergency Contact Name: _____

Phone: _____

Work Phone: _____

Secondary Emergency Contact Name: _____

Phone: _____

Work Phone: _____

Preferred Local Hospital: _____

Allergies, Special Medication or other personal information you would want an emergency care provider to be aware of: _____

PLEASE COMPLETE BOTH SIDES