CHICKASHA PUBLIC LIBRARY
PHOTO USE POLICY
April 2023

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PHOTO/VIDEO POLICY

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Check one of the following choices:

I GRANT permission for photos/videos of me/my child to be published
__ with personal identifiers  OR  __ without personal identifiers

Child’s Full Name* (print): __________________________________________
Name of Parent/Guardian* (print):
_________________________________________________________________
Relation to subject: _________________________________________________

Signature: _______________________________________________________

If subject is less than 18 years of age, parent/guardian signature required
Address: __________________________________________________________
City, State, Zip Code: ______________________________________________
Telephone: _________________________________________________________
Email: ____________________________________________________________