



Permission to Photograph and/or Videotape

Permission is not required to take part in city events.

I, _____, am the parent or legal guardian of _____

I understand that the City of Iowa Falls/Barlow Library 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 videotape of me or my child for the purpose of promoting the City of Iowa Falls/Barlow Library and its services and programs. 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.

Signature: _____ Date: _____

EMERGENCY CONTACT FORM

Prime Emergency Contact Name: _____

Phone: _____

Work Phone: _____

Secondary Contact Name: _____

Phone: _____

Work Phone: _____

Return to Youth Services -- Return to Youth Services -- Return to Youth Services