



Teen Digital Photography Contest Release Form 2012

Date:

I hereby consent and grant permission to the Santa Clara County Library District to record statements, photographs, and/or audio or video footage of my minor child or me for the purposes of library education or promotional materials or other purposes as determined by the Santa Clara County Library District. I waive any rights of compensation or ownership to the recordings.

Name of participant (Please Print): _____

Signature of participant: _____

Parent/Guardian Signature: _____

(Required for minors under the age of 18)

Please return this form to your teen librarian or submit electronically to scldteen@gmail.com

Serving the Unincorporated Areas of Santa Clara County and the Cities of

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Santa Clara County Library Administration
14600 Winchester Boulevard
Los Gatos, California 95032
408.293.2326
sccl.org