



**Bucks County Public Libraries  
CONSENT FOR PHOTOGRAPHY**

If you are working with a group, please print out and complete as many copies as you need for each member of the group.

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This release applies to: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Name of Child Name of Child Name of Child*

Add other children, if necessary:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name of legally responsible adult: \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

This release is given the \_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_

For Adult Consent:

This release applies to: \_\_\_\_\_  
*Name of adult*

Signature: \_\_\_\_\_

This release is given the \_\_\_ day of \_\_\_\_\_, 2009