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Please return this form only if you do not want your child to take part in said photographs, video images, and/or audio recording. Please fill out the information, sign and return to the librarian leading the program prior to the first day of the program. If you do not return this form, Cuyahoga County Public Library will assume you have granted permission for the right to use and reuse in any manner at all photographs, video images, and/or audio recordings of your child.

If you would like to learn more about our audio/visual recording procedures, please call Robert Rua at 216.749.9487.

________________________________________________________________________  ___________________________________________________________________
Child’s Name                                                                 Program Date

________________________________________________________________________  ___________________________________________________________________
Program Title                                                               Branch

I do not grant permission for my child to partake in photographs, video images, and/or audio recordings in the name of CCPL or in any other name that CCPL may select.

________________________________________________________________________  ___________________________________________________________________
Parent/Guardian Signature                                                   Date