

Participant Registration and Photo/Video Release Form

Project Title: _____

Site: _____

Participant Registration

Name: _____

Address: _____

Phone: _____

Email: _____

Photo/Video Release

I, (name listed below) give my permission to be depicted in the photographic/ videography work associated with the creative aging workshop at (**Site Location**). The library may use, reproduce, publish, and redistribute any photograph(s) or video(s) connected with the workshop above, for informational purposes, such as, press releases, publications, the website and social media, whether now known or later invented, of this library (**Site Location**) and/or its participating sites, partners, and funders.

Print Name: _____

Signed: _____ **Date:** _____