



**Photography Competition: *Library Card Adventures – Where Will It Take You***

**PARENTAL CONSENT FORM FOR PHOTOGRAPHY COMPETITION SUBMISSIONS**

**Participant Information**

NAME OF CHILD

AGE

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

NAME

EMAIL

PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent:**

I, the undersigned, give permission for my child to participate in the Photography Competition hosted by Cochrane Public Library. I understand that their submitted photos may be reproduced, displayed in promotional materials, social media, and on the library’s website.

**Photograph Usage Agreement:**

- I understand that the library may use my child’s submitted photographs for promotional purposes.
- I acknowledge that no personal identifying information will be shared without further consent.

**Signature:**

Parent/Guardian  
Name (Printed)

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

If you have any questions or concerns, please feel free to contact us at [Library Contact Information].

Thank you for your support!

***Cochrane Public Library***

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*Please return this signed form to the library by October 31, 2024*

Address: 405 Railway Street W, Cochrane, AB, T4C 2E2  
Phone: 403-932-4353  
Email: info@cochranepubliclibrary.ca