

# Yorba Linda Public Library

TEAM NUMBER: \_\_\_\_\_

- As the parent/legal guardian of \_\_\_\_\_, a minor,  
I authorize the Library to allow photographs and videotaping of my child/children and  
myself to be taken for public relations purposes.
- I **do not** give permission to have my child/children and myself photographed or videotaped.

Parent/Guardian of: \_\_\_\_\_

Child's Name *(Please Print)*

Parent/Guardian's Name *(Please Print)*

Parent/Guardian Signature

Date

**Program Attended**  
**Battle of the Books**