



## Audio/Video Podcast Permission Slip

Dear Parent or Guardian,

Your child is signed up to participate in a library program through the Lane Libraries in Hamilton, Fairfield and Oxford, Ohio, during which he or she will be reading and reviewing books, making book “commercials” and/or participating in reader’s theater. Some of these activities will be digitally recorded for audio and/or video podcasting for the participants in the program to view. They may also be made available for viewing by audio and/or video podcast after the conclusion of the program through the Lane Libraries Web site, [www.lanepl.org](http://www.lanepl.org), and/or other local public venues. No last names will be used.

We are requesting your permission to allow your child to participate in the recording and/or podcasting part of this program. Please read and sign the form below to indicate your permission or refusal. If you have more than one child in the program, we will need a separate form for each child.

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### Permission Slip

Child’s Name: \_\_\_\_\_ Child’s Age: \_\_\_\_\_

I am the parent/legal guardian of the minor child named above. I have read the request for consent (above) for my child to be digitally recorded for audio and/or video podcasts that are being recorded as part of a Lane Libraries program, and agree to the following:

(Please check the appropriate statement below.)

\_\_\_\_\_ ***I DO*** give permission to the Lane Libraries to include my child’s voice and/or image on podcasts as he or she participates in one or more programs conducted by the Lane Libraries and/or to reproduce materials that my child may produce as part of the program activities. No last names will appear on any materials or broadcast.

\_\_\_\_\_ ***I DO NOT*** give permission to include my child’s voice or image on podcasts, or to reproduce materials that my child may produce as part of library program activities.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_