



2017 Hazel Mackin Community Library

ADULT

Summer Program Registration

“Build A Better World”

Name: _____

Address: _____

Phone: _____

Email Address: _____

Hazel Mackin Community Library
311 W. Warren Street
Roberts, WI 54023
www.robertspubliclibrary.org
715-749-3849



Permission to Videotape and/or Photograph

I _____ am 18 years or older.

(Name, please print)

I understand the Village of Roberts may photograph or videotape the events or activity in which I am participating. I give permission for the Village to use photographs or videotape of me for the purpose of promoting the Village of Roberts and its services/ programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

Permission is not required to take part in city events.

Signature: _____ Date: _____