

Teen Reviewer Application Form

please note that this information is for tracking purposes only. Only first names and grade will be used when citing an individual's review

Name (First and Last) : _____ (please print)

Age: _____

Grade: _____

School: _____

E-mail: _____

Phone Number: _____

Please fill out this application and the Teen Reviewer Release Form. Submit them to your local library branch or to Katrina Krupicz, Outreach Coordinator kkrupicz@haldimandcounty.on.ca. The Outreach Coordinator will be in contact with you once she has received your application.



Haldimand County Public Library
317 Chestnut St,
Dunnville, ON N1A 2H4
905-318-5932

(For people under 18 years of age)

Teen Reviewer Release Form

Child's Name: _____ (Please Print)

Parents Name: _____

Address _____

Phone number _____

I _____, hereby grant the Haldimand County Public Library, its Board, employees and assignees the right to use my child (child's Name) _____'s written work, image and/or voice recording taken in whole or in part, to promote library programs, services, and collection both within and outside Library branches. This may include print, television, radio or Internet media, including but not limited to social networking sites and the libraries website, as well as video and promotional materials. I release the Haldimand County Public Library from all claims for financial compensation for such use now and in the future.

All written reviews, photographs, video recordings, audio recordings and all recorded media, prints and created media from the content shall constitute the property of the Haldimand County Public Library

I hereby waive any rights that I may have to inspect and/or approve the finished products or the advertising copies that may be used in connection therewith or the use to which they may be applied.

I acknowledge that the Haldimand County Public Library has no control over, and is not responsible for, any use or miss-use including, but not limited to, any alterations, modification, re-use or distortion that may occur or be caused by third parties.

I hereby release, discharge and agree to save harmless the Haldimand County Public Library its legal representatives or assignees and all persons acting under their permission or authority from any liability whatsoever for any and all actions, causes of actions, claims and demands, for

damage, loss of injury however arising as a result of the taking, use and/or publication of said statement, photograph, video, or audio recording

I further consent to the use of my child's name in connection with written work, photograph(s)/video(s) if needed by the Haldimand County and/or parties designated by Haldimand County.

I hereby warrant that I am the parent or legal guardian of the child listed below. I state further that I have read the above authorization and release prior to its execution, and that I am fully familiar with the understanding the contents thereof.

Date: _____

Location: _____

Signature: _____