



We want to hear your Reach Out and Read story!



Fill out the story form below and tell us about your Reach Out and Read experience. Each and every story is meaningful. There is a drop box at the Appleton Public Library Children's Services desk for completed forms.



Send us a photo of your family enjoying a favorite Reach Out and Read book together and/or a photo with your healthcare provider. Upload your photo and/or story at www.apl.org/reachoutandread for addition to the Reach Out and Read story collection.



Join our digital storyboard by posting your photo and story on your Facebook page and tagging your local public library. Feel free to also tag your provider or healthcare system.



If you would like your photo included in our story collection, we will need you to sign the photo release form on the other side of this document.



Our Reach Out and Read Story

1. What is your child's favorite book that they received from their provider and why?
2. How has your health care provider impacted your life through Reach Out and Read?
3. Has your provider recommended that you visit your local library? If so, how has the library supported your efforts to promote early literacy skills in your child(ren)?



APPLETON PUBLIC LIBRARY
225 North Oneida Street
Appleton, WI 54911-4780
(920) 832-6170 | FAX: (920) 832-6182

APPLETON PUBLIC LIBRARY PHOTO RELEASE FORM

This release is valid for the following date(s): _____

Employees, officers and agents of the City of Appleton and the Appleton Public Library ("Library") will occasionally take photographs of library patrons for advertising, marketing, promotion, documentation, preservation and other reasons. Photographs taken of library patrons may appear many places including in publications, on the library website, and on the library's social media sites. Photographs are and shall remain the lawful property of the Library. If you consent to the Library taking photographs of you (or your child), please sign this release.

By signing below, I hereby grant the Library permission to take photographs of me without payment or consideration to me now or in the future. I further authorize the Library to edit, alter, copy, exhibit, store, publish or distribute my photograph for any lawful purpose. I understand that if my image is posted online, the image may be downloaded by anyone. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I understand the Library may choose not to use my photograph at this time, but may do so at its own discretion at a later date. I now and forever release, indemnify, defend and hold harmless the Library and its agents, officers and employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of photographs taken of me. I certify that I am at least 18 years of age, that have read this release form, and that I understand and agree to the terms contained herein.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

For persons under the age of 18, the parent/legal guardian must complete this section:

By signing below, I hereby grant the Library permission to take photographs of my minor child without payment or consideration to me or my child now or in the future. I further authorize the Library to edit, alter, copy, exhibit, store publish or distribute my child's photograph for any lawful purpose. I understand that if my child's image is posted online, the image may be downloaded by anyone. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. I understand the Library may choose not to use my child's photograph at this time, but may do so at its own discretion at a later date. I now and forever release, indemnify, defend and hold harmless the Library and its agents, officers and employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of photographs taken of my child. I certify that I am at least 18 years of age, that have read this release form, and that I understand and agree to the terms contained herein.

Child's Name: _____ Date: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number: _____ Parent/Guardian's Email Address: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____