



**Please read and sign the Libby Logger Days disclosure form**

**LIBBY LOGGER DAY'S DISCLOSURE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I grant permission for Libby Logger Days and their affiliates to use my name or any photos/videos of me for promotional use related to Libby Logger Days.

I have read and I understand the above waiver.

Release for minors (under 18) must have a parent's signature.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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