

ANDERSON COUNTY LIBRARY SYSTEM

PHOTO/VIDEO/AUDIO RELEASE FORM

From time to time, activities in the Anderson County Library (ACL) System may be photographed, recorded or videotaped for archival or promotional use. Such use may include but is not limited to the library newsletters, displays, annual reports, promotional brochures, library website and social media sites, archive and promotional videotapes, and for release to local media. Please check below to indicate your permission to use photographs or recordings of the person(s) listed below as described, listing any restrictions you request, such as no use on the Internet.

PHOTOGRAPHY

_____ Yes _____ No I hereby give permission to the ACL System to use photographs of me and/or the minor child(ren) listed below in the manner described above for non-commercial Library purposes. I release the ACL System from all claims for financial compensation for such use now and in the future.

Restrictions: _____

VIDEORECORDING

_____ Yes _____ No I hereby give permission to the ACL System to use videorecordings of me and/or the minor child(ren) listed below in the manner described above for non-commercial Library purposes. I release the ACL System from all claims for financial compensation for such use now and in the future.

Restrictions: _____

AUDIORECORDING

_____ Yes _____ No I hereby give permission to the ACL System to make an audio recording of my presentation on _____ for archival and research use and for possible inclusion on the Library's website. I release the ACL System from all claims for financial compensation for such use now and in the future.

Restrictions: _____

NAME(S) OF SUBJECT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

I certify that I am over 21 years of age, and that I am the parent or guardian of any minor child(ren) listed above.

Signature _____ Date _____

(signature of parent or guardian or, if 18 or over, of subject)

Relationship to subject (if not self) _____