BAY COUNTY LIBRARY SYSTEM

AUTHORIZATION TO RELEASE PHOTO AND/OR VIDEO RECORDING FORM

I hereby authorize the Bay County Library System to use publicly or privately, either the originals or copies of images on photographs or videos of me and/or my minor children to promote the Library in any way or form deemed appropriate by the Bay County Library System.

I further authorize the Bay County Library System to release said images of me and/or my minor children to any third party organizations, businesses or any other agency for use in publicly or privately promoting the Library System.

I understand that images posted of me and/or my minor children on the Bay County Library System website can be downloaded. I acknowledge that the Library may choose to not use images of me and/or my minor children at this time, but may do so at its discretion at a later date.

I hereby release the Bay County Library System, and any of its associated or affiliated companies, their trustees, officers, agents, employees and patrons, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

This authorization is for use of images of me and/or my minor children only. Use of my name or those of my minor children will require separate authorization.

NAME: _____
(First) (Last)

ADDRESS:_____
(Street) (City) (State) (Zip Code)

PHONE :_____(CELL PHONE):_____

EMAIL: _____
SIGNATURE: _____ _____
Date

For persons under the age of 18, the permission of a parent or guardian is required.

I hereby grant permission to the Bay County Library System to use the photo or video of my child as outlined above.

NAME(S) OF CHILD(REN) UNDER 18:_____

_____

_____

_____

Signature of parent or guardian: _____ _____
Date

(Photography & Video Recording Policy)

board approved 7-27-11