



Photo Release Form

Permission to Use Photography and/or Video

Date: _____ Location: _____

Event: _____

I grant to the Stark County District Library, its representatives, and employees the right to take photographs and/or videos of me and my property in connection with the above-identified event. I authorize the Stark County District Library, its assignees, and transferees permission to copyright, use, and publish the same in print and/or electronically.

I agree that the Stark County District Library may use such photographs and/or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Internet content.

I have read and understand the above:

Signature _____ Date _____

Printed name _____

For Minor Children Under Age 18

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Signature of parent/guardian _____ Date _____