Library Media Permission/Release Form

I, _____, hereby give my permission for
(Myself or Child's Guardian)

_____
(Myself or Child's Name)

to be photographed, videotaped and/or audio recorded by a representative of the Springfield-Greene County Library District. Such photographs, video and/or audio recordings will become the property of the Library.

I understand and agree that, if selected for use, any photograph, video and/or audio recording taken of me, or my child, may be used in Library publications, Library websites or Library social media sites, including Facebook and Twitter, other Library promotions, or provided to area media outlets or grant-related organization for their use in reporting on Library events.

***Signed: _____**
(Individual or authorized parent or guardian of child being photographed, videotaped and/or audio recorded)

Home Phone: _____ Date: _____
(Date signed)

***By signing this permission form, the individual hereby releases Springfield-Greene County Library District from any liability related to the obtaining of or use of all photographs, video and/or audio recordings.**

Library staff use only:
Event: _____ Branch: _____
Brief description: _____
_____

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