

Appendix A

Brockville Public Library Photo/Video Release Form

As a participant in a Brockville Public Library program, I am aware that there may be opportunities for photos or videos of my child or myself to be taken by Brockville Public Library staff for use in its advertising, promotion, or publicity.

I hereby give permission for images of my child or myself - captured during regular and special Library activities through video and photograph - to be used solely for the purposes of the Brockville Public Library's promotional material, publications and web site and waive any rights of compensation or ownership thereto.

By signing this consent I understand that the photographs will be used in good taste and solely for the promotional purposes of Brockville Public Library and that the Library will not sell the photographs, any prints or reproductions of the original, or the negatives under any circumstances without my written consent and permission. (No names of participants or visible nametags will be used.)

I have read the above authorization and release. I understand the authorization and I confirm that I have had the opportunity to have it explained to me, and that any questions I may have with respect to the authorization have been answered to my satisfaction.

I hereby **wave any right** to inspect and / or approve the finished product that may be used in connection therewith or the use to which it may be applied.

Please print:

Name of Participant _____

Participant's address: _____

Participant's Phone No.: _____

Name of Parent/Guardian _____

(To sign if subject of photograph is under the age of 18 years. Guardian may be required to provide proof of relationship to subject)

Parent/Guardian's signature: _____

Parent/Guardian's address: _____

Parent's/Guardian's phone no.: _____

Date: _____

(IF TELEPHONE NUMBER AND / OR ADDRESS OF GUARDIAN IS DIFFERENT THAN PARTICIPANT, BOTH PARTICIPANT'S AND GUARDIAN'S ADDRESS AND NUMBER WILL BE REQUIRED).

Revised August 22, 2016