Sandusky Library

Photo Release and Waiver Form

I, _____, ____ **For myself**, and /or ____ **As the legal guardian or legal custodian of the minor child** _____, (hereinafter referred to as "the minor child), with full authority to sign on the child's behalf, hereby irrevocably consent to and authorize the Sandusky Library Association, through its officers, staff, agents, other affiliates, licensees, successors and assignees (collectively, the "Sandusky Library "), to photograph and videotape, record voice, conversation, sounds, images and likeness of _____ myself and/or _____ the minor child, during and in connection with [*project/course/conference name*].

I hereby grant all rights to the Sandusky Library to use the results of such videotaping, photography, and recording, including my name and biographical information, in perpetuity, throughout the world. I understand that the Sandusky Library may duplicate and distribute this video or likeness in whole or part to be used for news, web casts, promotional purposes, telecasts, advertising, and inclusion on websites, social media, or any other purpose by Sandusky Library and its affiliates and representatives. My consent includes, but is not limited to, the use of such images, photos, and/or videos to promote similar Sandusky Library events in the future, highlight the event and exhibit the capabilities of the Sandusky Library.

I waive the right to receive any payment for signing this release and waive the right to receive any payment for the Sandusky Library's use of any of the material described above or any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media.

I further release Sandusky Library, and its employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or sound recordings

In connection with the use of the material(s) as set forth above, I hereby waive the confidentiality provisions of Ohio Revised Code Section 149.432 regarding library records and patron information, Ohio Revised Code Section 2741, or any other state or federal right to privacy law, with respect to the content of the material(s), including my name.

I acknowledge that I have read and fully understood the contents of this document and have freely signed below.

_____ Signature

_____ Printed Name

_____ Telephone Number

_____ Email Address

_____ Address

_____ Date

If release is provided on behalf of a minor:

I hereby certify that I am the parent or guardian of [child's *name*], who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

_____ Parent/Guardian Signature

_____ Parent/Guardian Printed Name

_____ Parent/Guardian Telephone Number

_____ Parent/Guardian Email Address

_____ Parent/Guardian Address

_____ Date