



Release Form for Photos & Media Recording



I, the undersigned, do hereby consent and agree that *the Raymond A. Whitwer Tilden Public Library*, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and/or family members listed below and to use these in any and all media, now or hereafter for the purpose of marketing, promotion, publicity, and/or web content. I further consent that such photographs may be used without or without my name and identity for lawful purposes.

I do hereby release to *the Raymond A. Whitwer Tilden Public Library*, its agents, and employees all rights to exhibit this work in print and electronic form publicly. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I further understand that there will be no financial or other remuneration for recordings or photographing me.

I also understand that *the Raymond A. Whitwer Tilden Public Library* and *the City of Tilden* are not responsible for any expense or liability incurred as a result of my participation in any photographs or recordings, including medical expenses due to any sickness or injury incurred as a result.

I represent that, as the signer, I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Yes, I consent No, I do not consent

Print Name (s) of Child or Children

Address

Phone

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date