JMRL RELEASE AND PERMISSION FORM

I hereby authorize library staff, or their designee, to interview, photograph or film me and/ or my child for use in library publications, programs, exhibitions, websites, showings or displays, and the promotion thereof in all media. The Library may edit such items as desired. I will not hold Jefferson-Madison Regional Library responsible for its use.

I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and by my signature have given my consent for such use.

Please print names(s) here:

Adult: ____________________________________________

Minor (under 18) children and ages:

________________________________________________________________________________________

Phone number: __________________________________________________________________________

Email address: __________________________________________________________________________

Description of clothing and appearance: ___________________________________________________________________________________________

________________________________________________________________________________________

Event: __________________________________________________________________________________

Date of photograph: _______________________________________________________________________

Library: ________________________________________________________________________________

Department (Adult, YA, etc.): __________________________________________________________________________________________

Name of Staff Photographer: __________________________________________________________________________________________

Signature of Subject (or Parent of Minor Subject): ____________________________________________

10/2014