

Richards Memorial Library Photo Release

The Richards Memorial Library occasionally uses photographs of patrons and events in its publications, social media, and on its website. Please sign this release form to grant the Library permission to use your and/or your child's photo.

I hereby grant permission to the Richards Memorial Library to use my photograph on its website, social media, or in other official printed publications without further consideration, and I acknowledge the Library's right to crop or treat the photograph at its discretion. I also acknowledge that the Library may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that once my image is posted on the Richards Memorial Library website, the image can be downloaded.

Therefore, I agree to indemnify and hold harmless from any claims the following:

- Board of Trustees, Richards Memorial Library
- All Employees, Richards Memorial Library
- The Town of Paxton

Richards Memorial Library reserves the right to discontinue use of photos without notice.

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

*For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form. I hereby grant permission to Richards Memorial Library to use the photograph of my child as outlined above.

NAME OF CHILD UNDER 18: _____ []

Please identify by first name only [] Please do not identify by name

Signature of parent or guardian: _____

Date: _____

BOT approved 11/14/2023