

COALINGA-HURON LIBRARY DISTRICT

PERMISSION TO PHOTOGRAPH AND/OR VIDEO TAPE

I, _____ AM THE PARENT OR LEGAL GUARDIAN OF _____.

I understand the Coalinga-Huron Library District may photograph or videotape the events or activity in which I am (or my child is) participating, or may have taken photographs or videotaped the events or activity in which I (or my child) have participated. I hereby consent and give my permission for the Library District to use photographs or videotape of me (or my child) for the purpose of promoting the Library District and its services/programs. The Library District may use or publish the photographs or videotape in public relations, news articles or telecasts, education, advertising, social media, inclusion on the library website, or in any other manner. I waive all rights I (or my child) may have to any claims for compensation, payments, or royalties, both now and in the future, in connection with the use of these photographs or videotape by the Library District. I, on behalf of myself or my child, release the Library District from any liability connected with or arising from the taking, recording, or publication of the photographs and videotape. I, on behalf of myself or my child, waive all rights of privacy under the common law and the statutory laws of the state of California.

Permission is not required to take part in Library events.

Signature: _____ Date _____
Address: _____
City, Zip: _____
Phone: _____

J:

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