

William B. Ogden Free Library
PHOTO OPT-OUT FORM

I do not authorize the William B. Ogden Free Library, its employees or volunteers, to photograph or record images or other likenesses of myself/my child(ren) on videotape, audio, digital stills, or any other medium. I do not authorize the William B. Ogden Free Library to use, reproduce, modify, distribute, or publicly exhibit such recordings/photographs, in whole or in part, for any purpose.

I understand it is my responsibility to remove myself/my child(ren) from areas being videotaped or photographed and to notify the photographer of my opt-out status.

I hereby confirm that I am legally of full age (18) and have every right to contract in my own name as stated below.

I hereby confirm that I am the parent or guardian of the child(ren) named below.

Name (Print): _____ Date: _____

Name of Minor Child(ren) (Print):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Address:

Phone: _____

Email: _____

Signature (parent/guardian of minor child)