

General Photography Release Form

I hereby authorize the Mexico-Audrain County Libr to as "Organization" or "MACLD", to publish phot(date), and my name a social media sites and website pertaining to library	ographs/videos and likeness, fo	taken of me on r use on the organization's	
social media sites and website pertaining to norar	y advocacy and	I MACLD activities.	
I hereby release and hold harmless the Mexico-Audrain County Library District from any expectation of privacy or confidentiality associated with the images/ videos specified above.			
I further acknowledge my participation is voluntal compensation of any type associated with the taking which may be used on the organization's social methat publication of said images/video confers no results.	ng or publication of the street of the sites and vertical terms of the street of the s	on of these photographs/videos vebsite. I acknowledge and agree	
I hereby release the Mexico-Audrain County Library District, its contractors, its employees, and any third parties involved in the creation of publication of materials, from liability for any claims by me or any third party in connection with my participation.			
Authorization			
Printed name:			
Signature:		Date:	
Date of Birth:		_	
Street Address:			
City:	State:	Zip:	
Witness:			



Photo Release Form for Minor Children

I hereby authorize the Mexico-Audrain County Library District (MACLD), hereafter referred to as	
"Organization" or "MACLD", to publish photographs/videos taken of me and/or the undersigned	
minor children on(date) and our names and	
likenesses, for use on the organization's social media sites and website pertaining to library advocacy and MACLD activities.	
I hereby release and hold harmless the Missouri Library Association from any expectation of privacy or confidentiality for the undersigned minor children and myself and attest that I am the parent or	
legal guardian of the children listed below and that I have the authority to authorize the	
Mexico-Audrain County Library District to use their photographs and names.	
I further acknowledge participation is voluntary and that I will not receive financial compensation	
of any type associated with the taking or publication of these photographs/ videos which may be used	
on the organization's social media sites and website. I acknowledge and agree that publication of said	
images/video confers no right of ownership or royalties whatsoever.	
I hereby release the Mexico-Audrain County Library District, its contractors, its employees, and any	
third parties involved in the creation of publication of materials, from liability for any claims by me or	
any third party in connection with my participation or the participation of the undersigned minor children chil	en.
Authorization	
Print Name of Parent or Legal Guardian:	
Signature: Date:	
Street Address:	
City, State, Zip:	
Names and Ages of Minor Children:	
Name: Age:	
Name: Name:	
Name: Age:	