

Clearwater Memorial Public Library

(208)476-3411
Post Office Box 471
402 Michigan Avenue
Orofino, Idaho 83544-0471

Photograph - Video Media Release Form

I grant permission to Clearwater Memorial Public Library to use images (photographs or video) of my child, _____, as indicated by my selection below in materials that include, but may not be limited to brochures, newsletters, video, or websites of the Clearwater Memorial Public Library. Use of photographs and/or video is for promotional use only.

No compensation of any kind will be paid to me or my child at this time or in the future for the use of my child's likeness.

Permission is granted subject to these understandings:

_____ **Unrestricted usage:**

I give unrestricted permission of my child's image to be used in print, video, and digital media. I agree that these images may be used by Clearwater Memorial Public Library for a variety of purposes and that these images may be used without further notifying me.

_____ **Deny permission to use my child's image at all.**

Name of child: _____ Age: _____

Parent/guardian signature _____ Date _____

Print name of Parent/guardian _____

Phone Number _____