

## Florida Public Library Photography/Recording Release Form

I hereby assign all rights to the photograph(s) or recording(s) made of me (and/or my minor child/children) by Florida Public Library, without any compensation. I hereby authorize and consent to the editing, reproduction, copyright, exhibition, and use of said photograph(s) or recording(s) by FPL for reproduction on its website or in other official library publications or displays. I acknowledge the library's right to crop, treat or edit the photograph(s) or recording(s) at its discretion.

Last names of the child/children under the age of 18 will not be used on Internet projects. Adult last names will not be used on Internet projects if requested by the person authorizing the use of the photograph(s) or recording(s.)

I attest that I am over 18 years of age and that I have read, understand, and agree to be bound by the terms of the release herein. (Parent signs for minor child/children.)

### **PLEASE PRINT** (other than signature)

Name of person(s) to be photographed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent/Guardian (if child is under 18) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

# Florida Public Library Photography/Recording Release Form (Groups)

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Adult last names will not be used on Internet projects if requested by the person authorizing the use of the photograph(s) or recording(s.)

I attest that I am over 18 years of age and that I have read, understand, and agree to be bound by the terms of the release herein.

**PLEASE PRINT Name to be used** \_\_\_\_\_ **and write Signature.** \_\_\_\_\_

Check box to use first name only.

[illegible]