

Media Release Form

Defiance Public Library System

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I represent and warrant that I am over the age of eighteen (18) years, that I can read, write, and understand the English language, that I am of sound mind, and that I am acting by my own free will.

☐ I **ALLOW** THE INCLUSION OF **FIRST NAME ONLY** ☐ PLEASE **DO NOT** IDENTIFY BY NAME.

Event Name: _____ Date: _____

Location of Photo/Recording: _____

Name(s) (please print): _____

E-Mail: _____ Phone: _____

Quotation to be Used:



defiance public library system

For persons under age 18, the permission of a parent or guardian is required.

SIGNATURE _____

General Guidelines: Releases should be obtained when photographing, videotaping, or recording on electronic device. Parent/ guardian signatures are required for minors (under 18); minors' signatures are not sufficient. When images or verbiage are published, cautionary steps will be taken to provide minimum identifying information and will not use specific street or mailing address, e-mail addresses, or phone numbers.