



MEDIA RELEASE POLICY

The George F. Johnson Memorial Library may take photographs or videos at the Library for internal use, display (ex. social media, newsletter, etc.), and evaluation purposes. All library patrons consent to the use of their image at the library or during library events. If you do not wish your image to be published, please notify a member of the Library staff before or immediately after the program. No names or individual identification will be used unless the library has a signed Media Release Agreement.

Adopted: 6/18/25



Media Release Agreement

I hereby consent to the use of my name, photograph, and/or likeness by George F. Johnson Memorial Library ("Owners") for any purpose and in any manner, including the purposes of advertising and/or trade in any and all media, including the Internet, throughout the world, without restriction as to frequency or duration of usage.

The Owners shall be the absolute owners of any materials (and all rights therein, including the copyright) produced pursuant to this agreement. I understand and accept that I will not receive any monetary compensation for any photographs, material, or likenesses, or their use, neither now nor at a later date.

I hereby release the Owners and any third parties involved in the creation, publication or use from liability for any claims by me or any third party in connection with use of the photographs, name and likeness.

I hereby warrant and represent that I am at least 18 years of age*, and have the full right to contract in my own name with respect to the matters stated above.

| | | |
|--------------|-----------|------|
| Name (print) | Signature | Date |
|--------------|-----------|------|

Street Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

*** Complete if individual is under 18:**

I, the undersigned, warrant and represent that I am the parent or legal guardian of _____ . I have read the above release agreement and am fully familiar with the contents thereof, and I hereby grant my permission and consent to all of the contents above.

| | | |
|--|-----------|------|
| Name of parent or legal guardian (print) | Signature | Date |
|--|-----------|------|

Street Address

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|------|-------|-----|
| City | State | Zip |
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