



Corbit-Calloway
MEMORIAL LIBRARY

Photo Release Opt Out Form

Name (Print): _____ Date: _____

Name of Minor Child (Print): _____

I do not authorize the Corbit-Calloway Memorial Library, its employees or volunteers, to photograph or record images or other likenesses of myself/my child(ren) on videotape, audio, digital stills, or any other medium. I do not authorize the CCML to use, reproduce, modify, distribute, or publicly exhibit such recordings/photographs, in whole or in part, for any purpose.

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I understand it is my responsibility to remove myself/my child(ren) from areas being videotaped or photographed and to notify the photographer of my opt out status.

Signature (parent/guardian if minor child) Date: _____

For Office Use Only:

Form received by: _____