



## Release Form for Media Recording

Date: \_\_\_\_\_

Location: \_\_\_\_\_

I consent to the use of my name, photographs, video, and/or audio recordings made of me on this date by the public libraries of Southern Maryland for nonprofit library media productions or publicity, including print and electronic media.

I also assign to the public libraries of Southern Maryland all rights to the media described above. I further authorize the public libraries of Southern Maryland to edit, reproduce in any form, exhibit, cablecast and/or distribute any such media without limitation.

My name should be listed as: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

*Complete the following if the person above is a minor (under 18):*

I affirm that I am the parent or guardian of \_\_\_\_\_ and grant media publicity rights to the public libraries of Southern Maryland according to the above conditions.

Date: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_