

Photo Release Form



Barrington Public Library
105 Ramsdell Lane
Barrington, NH 03825

Any event: Y / N Single Event: _____

I grant to the Barrington Public Library, its representatives and employees the right to take photographs of me and my property in connection with the above-identified event. I authorize the Barrington Public Library, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Barrington Public Library may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed name of person in photo _____

Signature _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature of parent or guardian: _____
(if under age 18)

Staff Notes/Photo Used In:

