



VENTURA COUNTY LIBRARY FOUNDATION
Media Release Form

Ventura County Library Foundation ("Library Foundation") occasionally uses photographs, videos, and/or audio of donors, staff/members, and participants at Library Foundation events, and staff and customers of the Ventura County Library. Your signature on this release form grants the Library Foundation permission to use photos, video, and audio of you and/or your child for public, educational, public relations, marketing, charitable, and any other legal purpose.

I hereby irrevocably grant the Library Foundation unrestricted permission to use my likeness and/or my child's likeness, in a photograph, video, audio, or other digital media ("photo") in any and all of its publications (including web-based productions) without payment or other consideration. I hereby irrevocably authorize the Library Foundation to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears and waive any right to royalties or other compensation arising from or related to the use of the photo.

I understand and agree that: (1) all photos will become the property of the Library Foundation and will not be returned; (2) the Library Foundation may choose not to use my photo at this time, but may do so at its own discretion at a later date; (3) the Library Foundation reserves the right to discontinue use of any photo without notice; and, (4) that once any photo is posted online, the image can be downloaded or shared by members of the public.

I hereby hold harmless, release, indemnify, and forever discharge the Library Foundation and its employees, board members, agents, representatives and assigns from, and against any and all claims, demands, and causes of action which I, my successors, or any other persons acting on my behalf or on behalf of my successors have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE MEDIA RELEASE. I ACCEPT THE TERMS.

Name (please print): _____

Address: _____

Phone: _____ Email: _____

Date: _____ Signature: _____

For persons under the age of 18, the permission of a parent or guardian is required on this Media release form. Name of child: _____.

☐ Please identify by first name only

☐ Please do not identify by name

Date: _____ Signature of parent or guardian: _____