



MEDIA USAGE RELEASE

ADULT RELEASE

I, _____, hereby agree to be photographed, audio or videotaped by the New Orleans Public Library. With my signature I agree that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the New Orleans Public Library.

Signature

Date

CHILD RELEASE

I, _____, hereby agree that my child may be photographed, audio or videotaped by the New Orleans Public Library. With my signature I agree that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the New Orleans Public Library.

Custodial Parent or Guardian Signature
(Signature of one parent binds both parents)

Date

Printed Name of Child

Printed Name of Child

Printed Name of Child