

PHOTO/FILM RELEASE FORM

I hereby grant the **West Hartford Public Library**...

...the use of my likeness in photograph or motion picture to help promote the library. I understand and agree that my likeness in these materials will become the property of the West Hartford Public Library. I understand my likeness will never be used or sold for any financial consideration.

I hereby authorize the West Hartford Public Library to edit, alter, copy, exhibit, publish or distribute my likeness for any lawful purpose. I hereby hold harmless and release and forever discharge the West Hartford Public Library, the Town of West Hartford, and the photographer, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

(Clearly **Print Name** - Person Photographed)

SIGNATURE (*or parent/guardian signature if under 18*)

(Signature)

(Phone and/or Email **REQUIRED**)

(Town of Residence)

(Date)