

CHICKASHA PUBLIC LIBRARY
PHOTO USE POLICY
April 2024

The Chickasha Public Library staff may take photographs of participants, individually or in groups, attending or taking part in Library programs and activities. The Chickasha Public Library staff or its representatives may take photos or video of its facilities, resources, and users for general promotion of its offerings and services to the community. These photographs may appear in future Library publications or other Library publicity. Library patrons may not take photographs or videos of other patrons or staff without the permission of the Library Director or designated person and/or participants consent to having their photograph taken and used for such purposes. For organized and staged photo or video shoots by the Library staff or its representatives, image release forms from the models will be obtained. If a library patron does not wish himself/herself or his/her child to be photographed, the patron must notify the Library staff to that effect.

PHOTO/VIDEO POLICY

Date: _____

I hereby grant CHICKASHA PUBLIC LIBRARY permission to take, use, reuse, and publish: photographs and/or videos of me/my child in any and all of its publications and in any and all other media, including but not limited to use and publication on the internet, webpages, and social media accounts, whether now known or hereafter existing, controlled by CHICKASHA PUBLIC LIBRARY, in perpetuity and for other use by CHICKASHA PUBLIC LIBRARY. I hereby release and discharge CHICKASHA PUBLIC LIBRARY, their directors, employees, agents, representatives, licensees, and other related parties from any and all claims, demands, actions, causes of action, and costs of any nature arising from or related to the use, re-use, and publication of the aforesaid photographs and videos, including but not limited to claims for libel and invasion of privacy.

Check one of the following choices:

I GRANT permission for photos/videos of me/my child to be published

with personal identifiers OR **without** personal identifiers

Child's Full Name* (print): _____

Name of Parent/Guardian* (print):

Relation to subject: _____

Signature: _____

If subject is less than 18 years of age, parent/guardian signature required

Address: _____

City, State, Zip Code: _____

Telephone: _____

Email: _____