

# PASCO COUNTY LIBRARY SYSTEM MEDIA CONSENT AND RELEASE FORM

I HEREBY AUTHORIZE the Pasco County Library System (PCLS) and its employees to photograph, record, tape, film, or electronically capture in permanent form my name, likeness, image, voice, appearance and performance. I consent to and grant full permission to PCLS to the use of my name, likeness, image, voice, appearance and performance for promotional purposes in print, tape, audio, visual, open broadcast, cable, closed-circuit exhibit, or on a web page representing the Library System. I acknowledge that these images may be posted on the Library System's web page and could be viewed by anyone with access to the Internet.

I further acknowledge and grant full permission for PCLS to alter, modify, edit, reproduce, display, distribute, exhibit, combine with other materials and otherwise use at its discretion any of the above-described materials.

I release PCLS from any and all claims that may arise out of the use of any image or recording of any of the above-described materials, including, but not limited to invasion of privacy, misappropriation of image or likeness, libel, slander, false rights, or any other cause of action arising out of the taking, recording or use of any of the above-referenced materials.

I understand that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if my photo, video or recording is published.

I have read this documents before signing and understand its provisions.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

By signing, I am representing that I possess the lawful authority to sign this waiver for this minor.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN  
IF SUBJECT IS UNDER THE AGE OF 18