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## South Georgia Regional Library Photo Release Form

Adopted September 15, 2020 by the South Georgia Regional Library Board of Trustees

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By signing this release, I grant South Georgia Regional Library permission to use my image. I acknowledge South Georgia Regional Library's right to crop or treat photographs at its discretion. I understand that my photo may not be used at this time, but may be used at a later date.

South Georgia Regional Library need not receive any further permission, approval, or authorization from me in order to use my image. The right to discontinue use of any photograph or video without notice is retained by South Georgia Regional Library.

I hereby release and forever discharge South Georgia Regional Library, its trustees, officers, agents, and employees from and against any and all claims, damages, or suits relating to my name, likeness, the photos, audio, and videos and their uses. I understand that no loyalty fees or other compensation shall be payable to me by reason of use.

I am eighteen years of age or older and have voluntarily chosen to grant these rights to South Georgia Regional Library. As parent or guardian of an individual under the age of 18, I grant permission to South Georgia Regional Library to use the photograph or video of my child as outlined above.

Name (Print)	
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Phone	Email
Signature	
Date	
Name of Child Under 18	
Permission given to identify by first and last name	
Permission given to identify by first name only	
Do not identify by name	