



MEDIA RELEASE FORM

I hereby grant St. Joseph County Public Library permission to take, use, and publish photographs and videos of me or my child in any of its publications or other media controlled by St. Joseph County Public Library. I hereby release and discharge St. Joseph County Public Library from any claims, actions, and costs of any nature related to the 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 and name may be published **with** personal identifiers.

- I GRANT permission for photos/videos of me/my child may be published **without** any personal identifiers.

Full Name* (print): _____

Signature*: _____

Contact (Email or Phone): _____

If Applicable:

Child's Full Name (print): _____



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