

# Metuchen Public Library

480 Middlesex Avenue  
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732-632-8526

## PHOTO OPT OUT RELEASE FORM

I do not authorize Metuchen Public Library, its employees or volunteers, to record photographs or other images or likenesses of \_\_\_\_\_ in the form of videotape, audiotape, film or digital stills, or any other medium. I do not authorize Metuchen Public Library to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose.

Further, I do not consent to the use of \_\_\_\_\_'s name or voice in connection with any such recording.

I understand it is my responsibility to remove myself from areas being videotaped or photographed and to notify the photographer of my opt out status.

I hereby confirm that I am legally of full age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

I hereby confirm that I am the parent or guardian of the child named above. I further affirm that I have read the above "Photo Opt Out of Release," and am familiar with its contents.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of parent/guardian (if child is under 18): \_\_\_\_\_

Signature of parent/guardian (if child is under 18): \_\_\_\_\_

*Please return the completed form to the Main Service Desk*

1<sup>st</sup> Reading 4/14/2015

2<sup>nd</sup> Reading and Adopted 5/12/2015