

PHOTO RELEASE FORM

I hereby grant permission to the Hepburn Library of Lisbon to use my photograph to be used in its publications, including its website. I acknowledge the Library's right to crop or treat the photograph at its discretion. I understand that the Library may choose not to use my photo at this time, but may do so at a later date without further notifying me.

I understand that once an image is posted on the Library's website, it can be downloaded. Therefore, I agree to indemnify and hold harmless from any claims the Board of Trustees of the Hepburn Library of Lisbon and all employees of the Hepburn Library of Lisbon.

For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form.

I hereby grant permission to the Hepburn Library of Lisbon to use the photograph of my child as outlined above.

Name: _____

Address: _____

Phone: _____

Email: _____

Name(s) of child under 18: _____

Please do not identify by name

Signature: _____

Date: _____