

# Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Blanco Library to use the image of my child, \_\_\_\_\_, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in the Blanco Library fundraiser calendar.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways:
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the Blanco Library for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/guardian: \_\_\_\_\_

First Name of Child: \_\_\_\_\_

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

Phone: \_\_\_\_\_

*Please make a copy of this form for your own records.*

*If you have questions, contact the Blanco Library librarian at 830-833-4280.*