

# Parental Media Release Form

I, the undersigned, do hereby grant or deny permission to the Blanco County South Library District (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 1: \_\_\_\_\_

First Name of Child 2: \_\_\_\_\_

First Name of Child 3: \_\_\_\_\_

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.*