

**Cambridge Public Library**

**Use of Photographic or Recording Equipment & Permission for Use of Likeness Form**

The use of audio, video, or photographic equipment within the Cambridge Public Library requires written authorization. No still photography or taping of staff or members of the public is allowed without each individual's express permission.

**Request to use photographic or recording equipment in Cambridge Public Library facilities:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Recording/Photograph \_\_\_\_\_

Purpose of Recording or Photograph \_\_\_\_\_

Will work be published or broadcast? \_\_\_\_\_

Where? \_\_\_\_\_

**I agree to get permission from all individuals whom I photograph or record:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Use of Likeness Form:**

I grant permission to the Cambridge Public Library and its agents or employees, to use photographs taken of me, or any child listed below for whom I have legal guardianship for the purpose of promoting the Cambridge Public Library and its programs.

I waive any right to inspect or approve the finished photographs or printed matter and/or AV materials that may be used in conjunction with them now or in the future.

I agree to release, defend, and hold harmless the Cambridge Public Library and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs. I understand that I will not receive any payment in consideration of granting this permission and releasing my rights.

Format of image(s). Check all that apply. Photo \_\_\_\_\_ Moving image \_\_\_\_\_

I have read this release before signing, and I fully understand the contents, meaning and impact of this release. By signing below, I hereby grant permission for my image to be used and/or I hereby grant permission for the images of the following minor children to be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Signature of parent or guardian (must be over the age of 18) \_\_\_\_\_

Name(s) of minor children whose images will be used. (Please print)

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