

Authorization for
Release of Information

Child's name: _____

Child's address: _____

I, the undersigned, hereby permit my child/children or myself to be named, photographed, videotaped, described, quoted, included in any media, broadcast, distributed, etc. on behalf of the North Babylon Public Library.

I hereby covenant, waive, release and hold harmless forever the North Babylon Public Library (hereinafter referred to as "Library"), its agents, servants and/or employees from any and all claims and losses arising from the use of the above named individual to be named, photographed, videotaped, described, quoted, included in any media, broadcast, distributed, etc. on behalf of the North Babylon Public Library. I also agree that my participation in the program confer upon me no rights to use, ownership or copyright, nor will any compensation be received. It is understood that the Library is under no obligation to broadcast the above identified program. This agreement is not being executed as a result of duress, undue influence, or misrepresentation on the part of the Library or its agents, employees, servants, or anyone acting on its behalf, its assigns or successors.

Signature of custodial parent

Date

Printed name of parent

Address of parent

Approved by the Board of Trustees

July 15, 2003

Updated and Approved by the Board of Trustees

April 21, 2009