



Durham County Government Video / Photo Release Form

By signing this video/photo release form, I give the Durham County Government, Durham City Government, the Durham County Library, the Friends of Durham Library and the Durham Library Foundation permission to publish the video/pictures or use the video/pictures of:

_____ at _____
(name)/(age) (location)

_____ at _____
(name)/(age) (location)

_____ at _____
(name)/(age) (location)

taken on _____, 20____, for the purpose of illustrating services provided to the public by the above-named entities.

I understand these videos/photos may be used in promotional materials, or to apply for grants or awards, and give my permission for their use for those purposes.

(Signature of person giving permission)

(Relationship of signator to those being photographed)
Minors must have a parent or guardian sign for them

(Date)

Event: _____
Email: _____
Phone: _____
Description: _____

